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# The Canadian Nurse

A Monthly Journal for the Nurses of Canada

Published by the Canadian Nurses Association

Vol. XXIV.

WINNIPEG, MAN., JANUARY, 1928

No. 1

Registered at Ottawa, Canada, as second-class matter

Entered as second-class matter March 19th, 1905, at the Post Office, Buffalo, N.Y., under the Act of Congress, March 3rd, 1897

Editor and Business Manager:—

JEAN S. WILSON, Reg. N., 511 Boyd Building, Winnipeg, Man.

JANUARY, 1928

## CONTENTS

	PAGE
PRIMITIVE MIDWIFERY - - - - - <i>Mary Chadwick</i>	3
EDITORIALS - - - - -	6
MISS NINA D. GAGE, WITH PHOTOGRAPH - - - - -	7
THE PROVINCIAL PROGRAMME FOR INFANT CARE- - - <i>Anna E. Wells</i>	8
MISS SARAH EDITH YOUNG: OBITUARY - - - - -	14
REPORT OF THE ANNUAL MEETING, NATIONAL COUNCIL OF WOMEN - - - - - <i>Eunice H. Dyke</i>	15
DEPARTMENT OF NURSING EDUCATION:	
SELECTION OF STUDENTS FOR SCHOOLS OF NURSING - <i>Marian Durell</i>	17
DEPARTMENT OF PRIVATE DUTY NURSING:	
BREAST FEEDING - - - - - <i>Dr. Gordon Chown</i>	32
DEPARTMENT OF PUBLIC HEALTH NURSING:	
THE PROBLEM CHILD AND THE SCHOOL NURSE - <i>Emma de V. Clark</i>	28
NEWS NOTES - - - - -	35
OFFICIAL DIRECTORY - - - - -	46



# Primitive Midwifery

By MARY CHADWICK, London, England

It seems generally thought that among primitive folk child-bearing is a simple affair and that midwives are both unknown and unnecessary: but this is scarcely true. In many countries and among various tribes, parturition is recognized as an exceedingly hazardous enterprise for the mother, in which she may easily lose her life, and has thus become surrounded with magical rites and ceremonies. They are used to drive away evil spirits who may be hovering near, waiting to injure mother or new-born child. Men and boys hide themselves in the woods, and sometimes the woman is left alone in her greatest need or she may be attended by the old women, or even men, who crowd around her. This, however, is not always the case. Among some tribes, midwifery is considered an honourable profession and is adopted and practised by the old women of the tribe, who acquire considerable proficiency in their special technique.

The slow increase of population in uncivilized countries is due chiefly to the habit of abortion, and also to the lack of experienced midwives. In many parts, foeticide is practised quite openly as a preventive measure against having to rear large families under adverse circumstances and also to hide the evidence of extra-marital cohabitation. Foeticide may be either practised by the woman herself, or the professional midwife is called in to assist; while in some districts the mother gives her daughter the necessary drugs and instructions how to use them upon her marriage. Abortion may often be caused by the work in the fields as well as by the use of drugs and poisons, although the latter, whilst having the

desired effect, frequently cause the death of the mother as well as that of the infant.

We have learnt something about the condition of midwifery from the records of missionaries and in the more recent ethnological works. Chiefly should be mentioned in this connection that admirable work by W. D. Hambly, *Origins of Education amongst Primitive Peoples*, which gives a most comprehensive account of the customs in use in different parts of the world among women during pregnancy, the lying-in period, as well as during child-birth itself. One of the additional attractions of this book is that it is profusely illustrated by excellent and often quite unique photographs.

Should we summarize what is to be found among these various accounts, we find the following customs to be most prevalent. Old women act as midwives, as a rule, often without training or preparation: external massage and magical rites are the favourite methods of inducing labour in a difficult confinement, internal manipulations are seldom used, and the report of R. W. Felkin, of a case of Caesarian Section among the negroes of Uganda, appears to be unique. Usually the pains seem to be of quite short duration, some two or three hours. In order to prevent the child rising, a cloth is bound tightly round the body of the parturient woman. In Borneo the husband is allowed to remain in the room, but is hidden from his wife by a screen. The umbilical cord is cut with a bamboo knife, and then the women anxiously await the appearance of the after-birth. Should this fail to appear as soon as expected, the cord is fastened to an axe



that is thrust into the ground to prevent its return into the body. Among nearly all primitive folk the after-birth is connected with strange beliefs and magical properties. It is frequently treated as a second child, or the baby's shadow or double. A ceremonious burial is given to it or in some cases it is thrown into a river or the sea. Among the Mafulu, the mother gives the new-born infant some water to drink at the same time; if it partakes, it is considered a good omen, but otherwise it may also be drowned. Frequently a childless woman accompanies this little party and adopts the infant should its life be imperiled by refusing the draught.

Primitives regard the caul with as much or even greater superstitious reverence than that which still survives among some civilized peoples to this day. They treat it with the utmost respect and preserve it carefully. Many tribes dry it and powder it for use as medicine in the later life of its owner.

In the Easter Islands men used to act exclusively as the midwives, but they have almost died out now and their place has been taken by women. Birth here occurs in a standing position with the legs outspread. The man or woman stands behind the patient and puts both arms round her, the hands touching and the thumbs pointing downwards. The abdomen is then massaged with a circular, downward motion until the birth occurs. When this is sufficiently advanced, the child is withdrawn and the cord bitten through. Occasionally this ceremony is performed by the child's father, but not in every case. In many parts of Australia the cord is severed with an obsidian knife, and one commonly remarks that some obsolete instrument is used in this ceremony that has otherwise fallen into disuse. When the child has been safely delivered, the woman lies upon a mat in her hut, and warm, flat, fairly heavy stones are laid upon her abdomen,

which practice is thought to account for the women in the Easter Islands retaining a good figure even after difficult confinements. The infant is kept at the breast about a year. In other parts, where food suitable for a baby is not to be had, it is no uncommon thing for a mother to suckle her child for two or three years.

The Jao tribe, in East Africa, seem to have been in the habit of using some particularly clumsy method of cutting the cord, for umbilical rupture is no rare occurrence, and has even become regarded as an ideal of beauty in some districts. Among the Hottentots, during a difficult birth, the women strive to widen the vulva, and should their attempt prove unsuccessful, they deliberately tear the perineum to the anus. No subsequent care is taken to repair this wound, as it might then tend to hinder the passage of the next child into the world. The Brazilian women go into the bush and bite through the cord of their children themselves. It is possible to find in different parts of the world every conceivable position for the parturient woman, from that described above, to sitting or squatting, upon all fours, standing upon the head, supported by attendant women, lying upon the back or side, kneeling or resting upon the knees of her husband, which is uncommon, as the men of the tribe are usually excluded upon grounds of the uncleanness of the woman, until certain rites have been performed.

A curious custom is prevalent in many parts of Australia, where the women usually do the heavy work of the fields. After the birth of the child, the woman returns to her work and the **husband goes to bed**. Presents are brought to him and enquiries made concerning the health of himself and the newborn infant. He remains in this state, called **the Couvade**, until the stump of the umbilicus has fallen off, is very strictly dieted and only allowed to leave the hut to satisfy physical



needs. It is usual even should the father not remain in bed, for both parents to abstain from certain foods during the lying-in period, since it is believed that the child will acquire the characteristics of any creature consumed by them at that time, and that inappropriate food will upset the baby and give it indigestion. Medicine prepared for the infant is swallowed by the parents.

It is supposed that many of the most primitive tribes in Australia are not aware of any connection between cohabitation, pregnancy and child-birth. Among the Arunta people, the child is supposed to enter the mother as a tiny spirit, which was hiding in some stone, tree or even flower hanging over the stream when she went down to bathe. The spirit, who was that of an ancestor, was anxious to enter this world once more, and so crept into the body of the woman and in due course was born again.

Very many superstitions surround the woman who dies in labour. When the pains are very great or unduly protracted, the news spreads rapidly

in the village and the people are filled with fear. Should death occur, the corpse is buried with all haste by the old men and women and the hut often burnt to the ground to get rid of the evil spirits who might otherwise haunt the place. Twins may be regarded as a good or bad omen. Some tribes hold them to be unlucky, and invariably kill the second or the more quiet one, or bury it alive near the hut. Sometimes we find that it is the custom to kill and eat the first-born of every woman, to bring luck to the rest of the tribe and to increase the physical health of all who partake.

In all ways, however, when we are raising our hands in horror at the numbers of deaths that occur among lying-in woman and newly born infants, let us remember these primitive tribes and consider how far worse is their lot with such inexperienced nursing and feel rather thankful that after all times are better than they were and that the advance of science and investigation has at least taught us something in the way of looking after the mother and the child.

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## NEW YEAR'S GREETINGS TO THE CHINESE NURSES FROM THE NURSES OF CANADA

*The nurses of Canada send New Year's greetings to the Chinese nurses in which are mingled sympathy, admiration, appreciation and hope.*

*The sympathy of the Canadian nurses goes out to the Chinese nurses for their great disappointment in having to relinquish the 1929 Congress of the International Council of Nurses, due to events over which the Chinese nurses had no control. The efforts being put forth by the Chinese nurses to have made the Congress of 1929 in their country a great success fills their Canadian sisters with admiration, and the generous spirit in which the Chinese nurses wish success to those on whose shoulders the agreeable task of organizing the convention falls, arouses deepest appreciation.*

*It is the earnest hope of the Canadian nurses that in the near future peace and happiness will come to China. Canada also hopes to have the honour and the pleasure of entertaining many of the Chinese nurses in Montreal in 1929.*



## Editorials

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Let us all wish each other a happy and busy New Year, and without more ado, let us all roll up our sleeves.

The Memorial was a big project successfully achieved, so that we Canadian nurses have a precedent as to what our own efforts will do when we decide to pull together.

The year 1928 brings to us two challenges. One is the Congress of the International Council of Nurses, which will be held in Montreal in the summer of 1929 and which Canadian nurses must make a success; the other is a scientific survey of nursing in Canada.

An international convention is a costly business as our friends the Finnish nurses very well know. They have set a high standard in organization of arrangements and in the provision of entertainment. They felt the honour of their country was at stake. So will it be in the case of Canada. A year before the international meeting in Helsingfors, Finnish nurses commenced to study English so that they might be the better hostesses. Think of the effort in mastering a foreign language in one year for this purpose! Their organization was set up exactly one year before the meeting, and this may have accounted for the smoothness with which the wheels went round during the strain and stress of the week in which the convention was actually held. Everything was done with dignity in Helsingfors. The open public meetings were held in the magnificent National Theatre and all other meetings, exhibits and bureaux of various kinds were in a municipal building of great beauty.

The entertainment provided was lavish and varied. It began with a special service in the Church of St.

Nicholas conducted in English out of courtesy to the English-speaking delegates and ended with a banquet of six hundred covers. In the six days between, the delegates were fêted in the most delightful ways it is possible to imagine, and no stone was left unturned to make each delegate comfortable and happy. Canadian nurses will have to step lively to keep the pace thus set by Finnish nurses.

All this will take money, and lots of it, as well as an enormous amount of planning and work. No doubt the Committee on Arrangements will soon notify the Executive Committee of their financial requirements.

It is too soon yet to say what may be required in connection with the proposed survey of nursing in Canada. The joint study committee of the Canadian Medical Association and Canadian Nurses Association is busily engaged formulating plans.

This New Year will require all the members of the Canadian Nurses Association to be on tip-toe, ready to serve their organization and profession in any and every way that seems to be necessary. And so,—  
“A Happy New Year to all.”

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### *Infant Welfare*

It seems particularly fitting at this season of the year, while our thoughts still linger upon the joys of Christmastide and our hearts still glow with efforts to promote the happiness of children, to think of the problem of infant mortality: a problem that the celebration of the Nativity of the Infant Saviour keeps fresh in our memory.

For a long time nurses in all branches have realized the gravity



of the situation and have done their utmost to provide skilled nursing care for mothers and babies in the hospital and in the home. While the efforts of infant welfare workers have reduced the number of infant deaths due to lack of hygienic care, vital statistics still bear mute evidence that an appalling loss of infant life occurs within the first few weeks of birth, and a loss of maternal life from preventable causes that points to an urgent need of measures to protect maternal, foetal and neonatal health.

What more can we do as nurses to prevent this loss of human life, in addition to the nursing service required in pre-natal and infant care?

We can acquaint our student nurses with the problem. We can

assist medical associations in their study of the question perhaps better than any other organization, and we can continue to mould public opinion to a realization of maternal and infant welfare requirements.

If the question is brought up for study before women's organizations in every community, included in every health and home nursing class, and emphasized on every possible occasion as a most serious public health problem, in time every citizen in Canada would become conscious of the situation. This awakened interest would not only make easier of application those measures already known to medicine but would place within reach further means for gaining knowledge through scientific research, which would result in decreased annual wastage of mothers' and babies' lives.

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### *Miss Nina D. Gage*

Miss Nina D. Gage, president of the International Council of Nurses since 1925, has been associated with nursing in China since 1908. Miss Gage was born and brought up in New York. In 1905 she graduated from Wellesley College and entered the School of Nursing, Roosevelt Hospital, New York, which was then under the direction of Miss Mary A. Samuel, who now resides in Montreal, and is assisting with the School for Graduate Nurses, McGill University, as a part-time instructor. Miss Gage reached Shanghai late in December, 1908. With the thoroughness which has characterized her entire professional life she studied the Chinese language for six hours each day for the next two years, except during an illness from typhoid fever and an enforced stay in Japan of a few months owing to rice riots in Changsha. In 1912 Miss Gage was able to begin her

work in earnest, and the double nursing school at Changsha was formally opened in December, 1913.

During these years she helped to organize the Nurses' Association of China, of which body she was president for two years. As there was at that time no government which could function in licensing professional people in China, the Association undertook the registration of schools, examination of candidates, planning the curriculum for the creating of a nursing profession. In 1913 the College of Yale-in-China entered into co-operation with the government of the province of Hunan to conduct medical education. The Chinese were to provide running expenses for the nursing and medical schools and hospitals, while the college was to provide the faculty. In this way the Hunan-Yale School of Nursing was opened formally, having had before

that only a few pupils and no funds. From this time the school had its own budget.

Miss Gage returned to the United States in 1917-18, on leave, when she studied at Teachers' College, Columbia University. During the summer of 1918 Miss Gage acted as Director of Nursing, Vassar Training Camp, Vassar College, when an attempt was made to interest college women in nursing. Following her return to China Miss Gage became Dean of the Hunan-Yale School of Nursing, which was opened to college women, on a combined nursing and arts course, in 1921. In 1924-1925 she was again on leave, when she obtained her Master of Arts degree at Teachers' College.

Shortly after her return to China, following the Congress of the International Council of Nurses in 1925, all the schools in the province of Hunan, of any sort, were broken up, owing to the too active Bolshevik influences in Changsha. By February, 1927, hospital and school work had



MISS NINA D. GAGE

become impossible, and as the foreigners found they were becoming a liability rather than an asset to their Chinese friends they left. Miss Gage became Educational Director of the Willard Parker Hospital, New York City, in April, 1927.

## *The Provincial Programme for Infant Care*

By Miss ANNA E. WELLS, Assistant Director of Public Health Nursing Branch of the Manitoba Provincial Board of Health.

It was my very great privilege to address a conference of the Canadian Council on Child Welfare about five years ago on the subject, "Attacking Maternal and Infant Mortality in Rural Areas." You may perhaps wonder why I have the temerity to present to you once more what may seem the same subject in another guise.

However, in the past five years much progress has been made in the study of the problem, which has changed our attitude somewhat to

the whole question. We are now not only interested in the question of decreasing the unnecessary toll of mothers' and babies' lives (as a humanitarian measure and consequently a philanthropic service in the past), but also in the question as it affects the whole field of public welfare, directly and indirectly.

There are critics who are afraid that infant welfare work may intensify the problem of over-population. But we are not worried over that problem in rural areas; for **there** our immigration policy is to fill up the vast vacant spaces in our country as quickly as possible. In this connec-

(Read before the annual meeting, 1927, of the Canadian Council on Child Welfare, and will be reprinted by the Council in pamphlet form.)



tion Dr. Seymour, of Saskatchewan, has expressed the feeling we all have, who are directly concerned with health work, "that an immigration policy suitable for the needs of a new country is a very vital factor in the development of that country; and is there any better immigration policy we can adopt than to conserve the lives of our infant population?" Again we find as a result of a survey made in Chicago in answer to criticisms that infant welfare work operates to preserve the unfit, that not only was the charge without evidence to substantiate it, but on the contrary the evidence showed that all efforts directed to the better care of infants not only actually lessened the incidence of disease and the number of deaths during the period of infancy but had a direct bearing on the physical health in later years. Such a study as this helps us to estimate to some degree in what measure we are building for the future health of our people.

Beginning with the vital statistics of the Dominion, usually the first source of inquiry, we find that we have a rural population of about 4,000,000 people, nearly half of the total population of Canada. In 1925, in the registration area, there were approximately 155,000 births; 12,155 deaths of infants under one year of age, 5,279 still births, and 872 deaths of mothers through child birth.

A glance at these figures alone seems to indicate that the causes of infant and maternal deaths, and still births, show an appalling need for more education in and greater attention to maternity and infant care, as nearly one-half of the infant deaths were due to conditions which might have been prevented by adequate pre-natal and maternity care. These totals include both urban and rural areas, and do not indicate the extent of the rural problem. Nevertheless, we have reason to believe that if accurate returns from rural areas were available the result would be surprising, especially in what are

known as our New Canadian districts. In addition to these numbers there are the unknown and the uncounted mothers and babies who have died in the unorganized territories of our Dominion.

But vital statistics after all are only an index to conditions and problems, and therefore it is necessary to know first the environment and problems of the rural people, in the same way as in cities where corrective and preventive measures are so much easier to obtain because the conditions requiring them are obvious. Rural people being scattered over large areas and living far apart from one another do not have the opportunity of knowing in particular what health problems there are until frequent illnesses or an epidemic occurs, causing bereavement and financial loss. For this reason, maternal and infant welfare work has developed at a snail's pace in comparison with such work in towns and cities. However, no one knows more concerning this matter than the provincial officer of health of each province who watches closely the pulse of rural health conditions. So it is not surprising to find that in all provinces but one definite attempts have been made to serve the rural districts by provincial boards of health to the extent of their appropriations. Some have had more success than others, due perhaps to differences in climate, customs, laws and outlook of the people.

In answer to a questionnaire as to the organizations carrying a programme of maternal and infant welfare work in the rural districts of our Dominion, the following report, while incomplete, gives an idea as to the scope of activities:

Prince Edward Island has a population of 87,000 (mostly rural) and an average of 1,500 babies born in a year. There is only one organization doing any health work at all, and that is the Provincial Red Cross Society, which has a staff of three nurses. They are endeavouring to



carry on a generalized public health programme, exclusive of bedside nursing, with school work occupying most of their time.

When visiting rural districts the nurses invite the parents to bring infants and pre-school children to the school for conferences, as there is no time for home visiting. In villages the nurses get in touch with the babies through their home follow-up visits to the school children.

In the winter the nurses spend their time in two towns, where there are child welfare stations, from which instruction is frequently sent to rural mothers by mail. These child welfare stations serve all mothers, but there is no physician in attendance.

Home nursing classes under the auspices of the Women's Institutes and their child welfare committees have aroused much interest in infant welfare work. A health booth at the Provincial Exhibition serves as an aid in health education, and literature is distributed issued by the Red Cross Society and Canadian Council on Child Welfare.

In Prince Edward Island the outstanding difficulty which hinders progress in infant welfare work is lack of funds. The Provincial Government gives a grant of \$2,500 a year to the Red Cross Society, which represents the amount that is being spent on public health in the island.

Nova Scotia has a population of 540,000 (at least half rural) and an average of 11,000 births each year. The Provincial Board of Health carries on a programme for infant welfare work through a staff of six public health nurses, consisting of a director and five nurses, who work in five counties. The nursing service is generalized and is financed by each county. Bedside nursing is undertaken only in emergencies and for demonstration purposes.

Health conferences for all infants are held by the nurses at various points under the auspices of local organizations during the summer

months, but the mothers who live in rural districts require considerable encouragement to induce them to bring their infants. Baby contests are also held by local organizations and are well attended by rural mothers, many infants requiring attention being reached in this way. The development of children's health conferences in villages and rural districts is felt to be much needed.

Health literature is distributed by the Provincial Board of Health, which also conducts a health booth at the county fairs and on the "Agricultural Demonstration Train" which tours the province during the summer.

New Brunswick has a population of 407,000 (two-thirds rural) and an average of 10,000 births each year.

There is no actual rural infant welfare work being carried on by any organization, although it has been the endeavour of the Provincial Board of Health to arouse interest in the rural districts. This, however, has been most difficult to do as the people who should foster this movement do not seem to realize its necessity.

The Board of Health outlines a programme of infant welfare work and employs a director of nurses, but no field workers. The nursing director acts in an advisory capacity and gives supervision to four public health nurses, employed by municipalities receiving an annual grant of \$100 from the Provincial Board of Health. These nurses work in towns and do generalized nursing, including bedside nursing. Three Victorian Order nurses also work in small towns.

There are five child welfare stations at the service of all mothers: two under the Provincial Board of Health and three under the Victorian Order of Nurses. Local physicians give their services irregularly and do not attend during the winter.

The nursing director receives considerable co-operation from the Women's Institutes, which is the

only means she has of getting in touch with the large body of rural women.

New Brunswick has one nursing outpost maintained by the Red Cross Society.

Quebec has a population of about 2,500,000 (about half rural), with an average of 85,000 births annually. The Provincial Board of Health has outlined a programme for infant welfare work and has a staff of twenty nurses, most of whom are engaged in cities and towns. Twenty child welfare stations operate directly under the Provincial Board of Health, and twenty are conducted in the cities and towns by local organizations which receive a grant from the Provincial Board of Health. Part time physicians serve these clinics, the same physician being also in charge of the tuberculosis dispensary, where these operate jointly.

The nature of the work consists in special clinics for well and sick babies, with subsequent home visits by the nurses, distribution of literature, personal talks, and public health lectures with slides and films. It is felt that the most practical work is that done in the homes by the nurses educating the mothers. Rural sections around these centres have access to these clinics, but the homes in rural sections cannot be visited regularly by nurses owing to their limited number and lack of financial support.

The Provincial Board of Health has now started a new policy in the organization of county health units, four of these being already in operation, with two nurses who cover the whole territory in their respective areas (both rural and urban) and give special attention to child welfare work.

The one great difficulty hindering the progress of infant welfare work in Quebec is the lack of sufficient funds.

Ontario has a population of 3,103,000 (half rural) and an average of 70,000 births each year. The Provin-

cial Board of Health planned their programme of infant welfare work as part of a generalized programme of health service. A director and eighteen nurses were engaged to begin the work in each of the eight health districts to demonstrate its value to municipalities, after which the local authorities assumed entire responsibility for continuing the work. Infant welfare work consists of health conferences and home visiting. At the present time the nursing staff are concentrating their efforts in the districts of Northern Ontario. In outlying districts the settlers are seen once a year by systematic house-to-house visiting.

A travelling clinic has been used with success, and health conferences are held at summer fairs. A health exhibit is held each year at the National Exhibition and literature is issued by the Provincial Board of Health.

Since 1924, when the activities of the Provincial Department of Health and Education were amalgamated, all new health activities in the province must be sanctioned and supervised by the Department of Health if a grant is solicited.

The Victorian Order of Nurses and the Red Cross have agreed to this programme and co-operate with the Department of Health in their work of nursing organization and supervision.

In Ontario there are seventeen nursing outposts and thirty-nine nurses maintained by the Red Cross Society. These outposts are conducted as small hospitals with field nursing as a part of the service.

Co-operation is also maintained with the Women's Institutes, the Imperial Order of the Daughters of the Empire, and the Catholic Women's League, who are also interested in infant welfare work.

Financial difficulties prevent the inauguration of public health nursing in many centres where the need for it is fully appreciated.



Manitoba has a population of 639,000 (about half rural) and an average of 14,500 births annually. The Provincial Board of Health has also organized infant welfare work for the province (outside of the city of Winnipeg) as a part of the work of a generalized nursing service. This nursing service is supplied to municipalities on request and is financed by the municipality supplying two-thirds and the Provincial Board of Health granting one-third of the total cost, being administered by the Provincial Board of Health.

Twenty-eight nurses, including a nursing director and an assistant, are employed, of whom seventeen serve rural districts. Sixteen child welfare stations are established for the benefit of all mothers and four of these are attended by local physicians.

Bedside nursing care is given only in emergencies, for demonstration purposes and where specially arranged for as part of the service by the municipality.

In brief, the maternal and infant health service rendered is as follows: Through literature issued by the Provincial Board of Health, Federal Department of Health, and the Canadian Council on Child Welfare; health conferences and exhibits at summer fairs and Provincial Exhibition; health conferences for mothers at child welfare stations; health and home nursing classes to community groups of women and 'teen age girls; senior nurse students; Little Mothers' League classes to senior girls in elementary schools; home visiting to mothers and babies, which is considered the most important work; and supervision of maternity homes, institutions and boarding homes for children and day nurseries.

Close co-operation is maintained with Women's Institutes, United Farm Women, and other welfare organizations. Such organizations are a valued support to the public health nurse, and in like manner they find that the public health nurse (in her

capacity as health adviser and social service worker) is an aid to them in carrying out health measures.

In Manitoba there are five nursing stations in outlying districts maintained by the Red Cross Society, which provide accommodation for emergency cases, with field nursing as the chief work of the nurse in charge of each district. Five nurses are employed at these stations and a physician visits them periodically to conduct clinics.

Saskatchewan has a population of 821,000 (about two-thirds rural) and the average number of births in a year is about 20,000. Infant welfare work in Saskatchewan is carried on in rural districts by a staff of three public health nurses engaged by the Provincial Board of Health to give assistance at health examination clinics and to conduct home nursing classes for women and 'teen age girls. The clinics are conducted by Home-Makers, United Farm Women, Local Council of Women, church organizations and in some instances by the Municipal Councils, in co-operation with the Provincial Board of Health. Following these clinics the local clinic committees usually arrange for a vaccination and toxoid day, when children are protected against small-pox and diphtheria.

Six municipalities have engaged the services of a municipal nurse, principally for maternity work in the outlying districts. There is not a generalized nursing service in the province, but this year arrangements have been made with the Victorian Order of Nurses to demonstrate this type of nursing in a rural district to show the value of and need for such a nursing service. Health literature is issued by the Provincial Board of Health and, in addition, a health exhibit is conducted at the Provincial Exhibition.

A system of Union Hospitals is filling a long felt need in providing hospital accommodation for mothers in rural areas. One baby in every 5.5

of children born in the province is born in a hospital. Maternity grants are also given to mothers who cannot afford to obtain the service of a doctor on account of the distance, and also to help her to procure necessities for confinement.

There are eleven nursing outposts in Saskatchewan maintained by the Red Cross Society, which function as small hospitals, with sixteen nurses in attendance.

What is needed mostly in this province is education of the people as to the need for a generalized nursing service.

Alberta has a population of 607,000 (two-thirds rural) and an average of 14,500 births each year. The Provincial Board of Health has outlined the programme of infant work and has a director and staff of eight public health nurses engaged in generalized nursing. Five child welfare stations are organized to serve rural districts, with no physicians in attendance.

Through the women's organizations a series of health conferences are held during the summer months, which have been found to be one of the best means of arousing interest.

A travelling treatment clinic is also conducted by the Provincial Board of Health for the benefit of those in rural districts, consisting of a physician, dentist, and one or two nurses who work in co-operation with the local physicians. Treatments and operations are free to settlers in outlying districts, and a nominal charge is made to those who can afford to pay. This clinic has been well received by the people and is filling a great need.

Municipal hospitals, which are supported through taxation, provide accommodation for a large number of rural mothers. The main difficulty experienced is the lack of co-operation and interest in infant welfare work by municipal councils.

In Alberta there are three nursing outposts with six nurses in attendance, maintained by the Red Cross

Society, and conducted as small hospitals with field service in addition.

British Columbia has a population of 568,400 (two-thirds rural) and the average number of births is about 10,000 annually. Work in infant welfare is conducted according to a programme advised by the Provincial Board of Health, through public health nurses who number twenty, and is financed by local organizations and a grant from the Provincial Board of Health. Fifteen of these nurses are engaged in generalized work in rural districts. They work in conjunction with the Women's Institutes, which have standing committees responsible for the promotion of public health and child welfare work.

There are twenty child welfare stations, which physicians attend in some districts.

The work of the nurses consists of bedside service in communities, home visits for follow-up of babies, health conferences, and home nursing classes to mothers and teen age girls. Literature is issued by the Provincial Board of Health, and health exhibits are held at the fall fairs.

An endeavour is being made to establish pre-school clinics for the examination of children, and to keep a record of their health from the time of their birth until they enter school, when such records become a part of the school medical inspection records. In this way it is hoped to have a complete health record of children from the time of their birth until they leave school.

There is also provision for maternity protection under the British Columbia Maternity Protection Act, which safeguards the expectant mother in industry and allows time for the breast feeding of infants during working hours. This provision while not a rural measure is a part of the provincial programme in infant care.



## Miss Sarah Edith Young

After 30 years of continuous service there passed away on December 4th, 1927, Sarah Edith Young, lady superintendent of the Training School for Nurses at the Montreal General Hospital.

Miss Young was born at Quebec in 1877, the daughter of the late G. B. S. Young and Mrs. Young, and granddaughter of the Rev. George Vernon Housman, for 30 years Rector of the Cathedral of Holy Trinity, Quebec.

She received her education at a private school prior to her entrance into the Training School of the Montreal General Hospital in 1897. After graduating at the head of her class in 1900, she did private nursing for a short time before returning to the hospital to become second assistant to Miss Livingston. Three years later she was appointed first assistant, the position becoming vacant on the resignation of Miss Flora Madeline Shaw.

When war was declared Miss Young was one of the first to offer her services, as she was among the few nurses in Canada on the Active Militia List, but it was felt that she could not be spared from the hospital. However, in the summer of 1916 she was released and went overseas, serving first for a few months in England and later in France at No. 1 Canadian General Hospital. For her conspicuous and valuable services she was awarded the Royal Red Cross.

In 1917 she was recalled to Canada to become matron of Tuxedo Mili-

tary Hospital, Winnipeg, and was appointed Principal District Matron of the Area. In the latter part of 1919 she returned to her Alma Mater owing to the illness of Miss Livingston, and on her retirement Miss Young was chosen to succeed her. The choice was a wise one for she continued the work so well and truly laid by the founder of the school, and it was Miss Young's ambition

to uphold and carry on the fine traditions of nursing. She possessed in a marked degree those essential qualities of heart and mind of the ideal nurse and above all she was a good woman, whose influence was always felt by everyone who served with her. But only those who were intimately



MISS SARAH EDITH YOUNG

associated with her appreciated her real worth, for she was modest and retiring almost to a fault, never seeking praise for herself, but always so ready to give praise, when due, to others.

She has been taken away in the prime of her life; but that life is long which fills life's greatest end, and the memory and influence of her sweet life will not soon pass away but will live on and be an inspiration to the many who called her a friend.

"Blessed are the dead who die in the Lord."

On Monday, December 5th, a memorial service was held at the Church of St. John the Evangelist, Montreal, conducted by the Rev. W. H. Davison, assisted by the Rev. W. Lack. Six undergraduate nurses

wearing the regulation uniform of the hospital formed a bodyguard throughout the service, and hundreds of her friends packed the church to the doors. Masses of flowers banked the entire length of the screen and filled the church with their fragrance, expressive of the great love and respect in which Miss Young was held by those who knew her. In addition to immediate relatives and friends the service was attended by the entire graduate staff of the Western and Central divisions of the Montreal General Hospital and members of the intermediate and senior classes of student nurses, in uniform.

Following the service the body, accompanied by relatives and friends, was taken on the five o'clock train to Quebec. Immediately upon arrival at that city the casket was conveyed to the Cathedral of the Holy Trinity, where it remained, surrounded by numerous and beautiful floral tributes, until the following afternoon, when the impressive funeral service of the

Church of England was held. Miss Young was buried with military honours in recognition of her service overseas during the Great War. While the solemn strains of the funeral march filled the cathedral the flag-draped coffin was carried outside and placed on the waiting gun carriage. The funeral cortege, comprising the band and firing party provided by the 22nd Regiment, the chief mourners and hundreds of citizens, started for Mount Hermon cemetery. En route Chopin's Funeral March and the Dead March in Saul were played by the band. Volleys were fired and the Last Post sounded at a point near the cemetery, where the band and firing party halted, while the funeral procession continued to the cemetery.

The service at the Cathedral of Holy Trinity was conducted by the Right Rev. Lennox Williams, Lord Bishop of Quebec, assisted by the Very Rev. Dean Crowfoot and Rural Dean A. R. Kelley.

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### *Report of the Annual Meeting of the National Council of Women, 1927*

The thirty-fourth annual meeting of the National Council of Women was held in Stratford, Ontario, from October 4th to 7th, inclusive. The Canadian Nurses Association was represented throughout the sessions by Miss Eunice Dyke, and on October 6th by Miss Elizabeth Smellie, representing the Canadian Nurses Association and the Victorian Order of Nurses.

The preceding annual meeting was held in Vancouver in June, 1926, when the nurses were represented by Miss M. F. Gray, Mrs. M. E. Johnston, and Miss K. W. Ellis. In November, 1926, an executive meeting was held at St. Thomas, with Miss F. M. Shaw, president, and Miss Eunice Dyke representing the Canadian Nurses Association, and Miss

Bertha Hall, the Victorian Order of Nurses. An executive meeting was also held in Ottawa in March, 1927, with Miss G. Bennett representing the Canadian Nurses Association and Miss Smellie, the Victorian Order of Nurses.

The Council comprises fifty-six local councils, ten nationally organized societies, and two university alumnae associations.

The executive council is composed of the officers, the presidents of these organizations, the presidents of provincial councils and the conveners of standing and special committees.

The sub-executive is composed of the officers, presidents of provincial councils and the convener of the finance committee.



There are twenty standing and three special committees. Those in which the Canadian Nurses Association has a professional interest are: Education, Household Economics, Mental Hygiene, Professions and Employment for Women, Public Health, Maternal Care and Co-operation.

The next executive meeting will be held in Ottawa in February if Parliament is in session and the next annual meeting about June, 1928. The Vancouver convention considered and rejected a recommendation for biennial meetings.

A detailed report of the sessions and recommendations has been submitted to the executive of the Canadian Nurses Association.

From the Stratford convention the Committee on Co-operation which deals with the question of national affiliations has emerged with the following members: Mrs. Walter Lyman, Montreal (convener); Mrs. William Dennis, Halifax; Miss Annie Murray, New Glasgow; Mrs. F. Etherington, Kingston; Dean Mason, London; Mrs. J. P. Macgregor, Toronto; Miss Eunice H. Dyke, Toronto; Miss L. F. Stephens, Hamilton, and Mrs. Paul Smith, Vancouver.

A special conference of this committee with members of the executive who could remain was held after the regular sessions. This conference meant the cancellation of train and hotel reservations and in one instance great personal sacrifice. Conferences will be held in each centre represented by the committee. The results of these local conferences will be reported to Mrs. Walter Lyman, the convener, and presented by her to the next executive meeting to be held in Ottawa in February.

The attendance at this annual meeting was representative: three national vice-presidents, eight provincial presidents, conveners of six national committees and representatives of eleven affiliated societies and thirty-eight local councils. It is obvious that there is a national demand

for the thing the Council is intended to accomplish—co-ordinated thought and if possible co-ordinated action locally and nationally in matters for which the widely differing groups of women have a common responsibility.

The greatest inspiration of the Stratford experience came from the officers and the founders of the Council who were present. One felt humble before their loyalty to the Council and to each other and before the courage with which the majority are acknowledging failure to meet the original trust and are setting themselves to the task of reconstruction. The National Council of Women was established in a simpler day when the only problem was to provide a meeting ground for isolated groups of women, few of which groups were limited to those with professional training. Today Canada has many local and national organizations divided by special interests and tasks.

The Committee on Co-operation of the Council is expected to discover means which will realize the ideal. The present committee realizes that the answer will probably be found by their successors some years hence. The executive and the committee are in agreement that conference between diverse groups nationally will result from the habit of conference established in local councils, and that the effective relationship of the conveners of national committees to the committees of each local council is essential to the development of the local council. This appears to be the best approach to the situation. The difficult questions of national affiliation must be dealt with, but in my judgment the time for that has not come. Thoughtful sharing in the Local Council of Women by the individual nurse or the local association of nurses and on national committees by representatives named by the Canadian Nurses Association may go far toward solving the question of national affiliations.

EUNICE H. DYKE.

## Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,  
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### *Selection of Students for Schools of Nursing*

By MARIAN DURELL, Superintendent of Nurses, City Hospital, New York.

In the educational world, particularly in colleges, there is much discussion about stiffening entrance requirements, and the selective procedure most effective in choosing students from among the increasing number of applicants. We in the nursing schools do not share in this problem to the extent we desire. For we may as well acknowledge frankly that with us the predominating question has been the recruiting, not the selecting, of students. The great majority of nursing school superintendents find themselves in a position humiliatingly analogous to that of the cook who, wishing to make a super-excellent rabbit stew, read in the cook-book, "First catch your rabbit." So most of us, however ardently imbued with the desire to train a fine type of nurse, find that our big problem is first to catch our nurse.

Yet, within limits, there is a certain amount of selecting to be done in every school. We must distinguish between the eligible and the ineligible, the obviously unfit must be rejected, and, later on, those who fail to meet our standards must be eliminated.

The methods employed show remarkable uniformity throughout the nursing world, and involve the use of application blank, personal letter, health certificate, character references, educational credentials and, whenever possible, an interview. The procedure also is one that has the sanction of time. In looking over

the files of our school kept when Miss Louise Darche and Miss Diana Kimber were in charge, I was interested to note how similar the methods of thirty and forty years ago were to those still in vogue.

There was the application blank, the letter stating that the applicant wished to take training because she "had been told she was a born nurse," the letter from the minister recommending her to the vocation because she was "a child of God," the statement from the family physician and the examination paper to show adequate preliminary education. The personal interview was also widely used, a fact evidenced by the succinct comment on the envelope of one applicant, "Not a lady," and on another, "Would be more ornamental than useful;" at least two nursing careers were ended within a month because one was "Not submissive in manner" and the other "Too familiar with young doctors."

Even though there has been comparatively little change in our general method of selecting nurses, there is considerable variation in the way we make use of the information we obtain. The application blank brings the important data about our applicant: Age, education, home conditions, etc. It may also bring information not so obvious, for each superintendent, without desiring to be unduly suspicious, learns that she must read with a wary eye, and search between the lines for facts that the applicant has omitted, inadvertently or otherwise. The school



then decides whether it wishes the applicant to proceed further with her application. And here every school differs: the amount of education is the deciding factor for many. In other respects their ideas also vary. Most schools set eighteen as the minimum age, others believe that entirely too young; some think an applicant over thirty will be too unadaptable, others believing older women give stability to a thoughtless group of youngsters; some have certain limits of height and weight; some consider religion and race; some give generous credit to students who have been in other schools, some give little or none, others refuse them absolutely; some take no married or divorced women; and so on indefinitely.

Most schools are satisfied with the type of blank that gives such facts as these, but there is some evidence that a desire to know still more about a prospective student's personality is creeping in. At least one school, the University of Michigan Hospital School of Nursing, using the blank required of all freshmen, makes searching inquiry into the student's past activities, and her own estimate of herself in such qualities as originality, industry, popularity and leadership in the endeavour to get as complete a picture as possible.

The letter written by the applicant giving the reasons for her desire to enter the nursing profession does, of course, reveal something of this personality; culture and background may be revealed in the stationery—and in the handwriting, one might have added a few years ago. Use of English and power of expression are also evident. But it is difficult to know just how much dependence can be placed on the statements of the motives which impel them to enter, and to what extent future behaviour can be predicted. "They all have noble aspirations!" wails one principal. "How can I tell whether they will translate them

into action?" Another says she finds the letters more puzzling than helpful. "If the writer is fluent in her expression of longing to help others, is she the gushing type, or is she opening her heart to one she feels in sympathy with her ideals? If she passes lightly over her reasons for applying, does she lack the proper motives, or has she a natural reticence about telling her ambitions to a stranger?"

Of far more value is the personal interview. Most superintendents ask their applicants to come to see them, if only with the negative idea of making sure that there is nothing radically wrong. If the student lives too far away, she endeavours to cover the situation by asking for a photograph. The more she is able to pick and choose applicants, the more she insists upon an interview, making it the most important factor in the selection of qualified applicants. She may ask applicants to make even a night's journey to the school, or if the trip is out of the question, arrange for her to see one of their graduates whose judgment they trust. One or two urge the mother to accompany her daughter, so that they may get a clearer idea of the home relations. In these interviews the superintendent has a chance to size up the applicant, note her general appearance, taste in dress, tidiness, and learn, if she wishes, of her interests and activities in the past. The amount of information gleaned from this personal talk depends largely on the skill of the interviewer. Perhaps if we made more of a study of the science of interviewing we might gain more knowledge about her character. We might even adopt from the business world methods mentioned by one writer: She tells of one employment manager who, in order to estimate the thoughtfulness of an applicant, seats himself with the sun shining in his eyes, so that he can see whether the applicant will notice his discomfort and pull down the shade. An-

other method which would give us equally valuable information, if we had the courage coupled with the necessary ability to try it, is that of the man who finds occasion to swear at an applicant in order to test the strain put on his temper.

The health certificate now used shows a decided change from the earlier days. Too many schools have had unfortunate experiences resulting from accepting the statement of a physician that the pupil is "in fit physical condition to enter training." Most schools do not now accept one of these general statements but require the use of blanks giving specific details, particularly in regard to tonsils and feet, and they are coming more and more to ask about heredity in tuberculosis, epilepsy and nervous disorders. Some find it a good policy to include in the forms sent out for the use of the home physician, space for use of the hospital physician after the student has entered, thus jogging his conscience with a hint, none too gentle, that his work is to be checked up later. Even if such a warning is not given, it is now routine with all the better schools to have the student examined again soon after entrance. One requires the student to come to the school for this examination before she is accepted, and a few are beginning to ask for Schick and Dick tests previous to entrance. A certificate of vaccination is also required and a statement from the dentist. In a very few cases this is followed up by a dental examination in the school. Some schools also ask a statement from an oculist.

Formerly character testimonials, like health certificates, were a matter for scoffing. Many were perfunctory, some actually misleading.

It is frequently a matter of ironic comment that the references on which the least reliance can be placed come from clergymen, whose sympathy with an individual sometimes blinds them to the welfare of

a profession. Some schools are now making a determined effort to get references that mean more than those of the family friend, and not a few have come separately to the conclusion that the frankest and most dependable estimate of character is apt to come from a former teacher, or in lieu of that, from a former employer.

It is in educational prerequisites that schools show the greatest variation. Requirements differ from the standard most commonly accepted, one year of high school, to the two years of college asked by the Yale School of Nursing. Usually the school lives pretty faithfully to its standard for admission. One fact is surprising when we consider that we are dealing with educational institutions: that is the small number of schools that know, or apparently care, what grades their students have received in their previous school work. The school makes sure that the student has met the requirements of the State Board, or their own requirement if that is higher than the board's: but whether she has met it with high marks or low, it may never learn if the application for credits has not passed through its hands. Still less frequently are copies kept of the grades if the school does receive them. Possibly this is partly because the school has not sufficient clerical force to undertake more record keeping than is absolutely essential. Undoubtedly it is also due to the fact that the school that labours under the pressure of furnishing sufficient nursing care of its patients feels that it cannot care too deeply about education. One superintendent stated the situation most of us are in when she said, "If the needs of the hospital necessitate my taking in more nurses, I shall have to let down on the educational requirements since I cannot and will not lower the standards of health and moral character."

It is a pleasure to be able to record that there are a few schools so sit-



uated that they can take the pride in scholarship we would all like to take. One school advises applicants whose grades have been only around the passing mark to apply elsewhere. Another makes selection largely on scholarship. Still another ascertains in what third of her class at high school the applicant has stood, and rejects those in the lower third, thereby automatically eliminating the poorest students.

Just how much selecting schools of nursing have the opportunity of doing is difficult to judge, for there is a very great distinction, though it is not always kept clearly in mind, between the number of applicants and the number of qualified applicants. One school says it accepts about half of its applicants, others taking in classes of from twenty to seventy, say that on account of lack of room, they refuse five or ten they would really like to accept. The vast majority could and would take in more than apply.

It is interesting to note the methods of selection used in other fields where the opportunity for choice is wider. Dean Walters, of Swarthmore, in an excellent article in the April, 1927, "Scribners" describes the process in colleges. He cites one college as accepting 150 out of 1,000 candidates, and another 600 out of 2,000. No wonder that such colleges have had to create the office of Director of Admissions to handle the problem. They make their selection on the basis usually of education record (either college board examination, or school certification), testimonials as to character and promise, and health record. In matters of both scholarship and character colleges make a far more searching investigation than we do. Naturally the greatest consideration is given to the applicant with high grades, but the college is coming to place almost equal emphasis on the student who is gifted in other ways. With ideals suggested by the type of student required for Rhodes' scholars, they ask

about an applicant's school activities, the clubs, teams and societies to which he belonged, his force of character and physical vigour; powers of leadership; how he tackles new tasks; what his attitude was towards his school duties; whether he was thinking of his rights and reaching out after them, or whether he was thinking of his duties and what he owed the school.

Along with these methods of selection, the colleges are making wide use of psychological tests. Last year 8,000 applicants took the Scholastic Aptitude Test now required by the college board, Columbia has been giving the Thorndike Test since 1918, and is so convinced of its value that it permits a student to substitute the intelligence examination for the entrance examination. Teachers' College of Columbia University has, for some time, used intelligence tests as a pre-requisite to work for an M.A. and is to use it in determining which students are of Ph.D. calibre. Many other colleges use the same or similar forms of tests and find the results worth while. They regard the test as a supplementary aid in judging a student's capacity, and realize that "there are many factors other than intelligence which determine a student's standing." Yet, in the main, they, like the Dean of Columbia, have found that "with remarkably few exceptions the higher a student's score in the psychological examination, the better his record in college."

We are all by this time of course familiar with the way the use of the intelligence test has spread since its inception a third of a century ago, and know how they are employed in elementary schools for the classification of both normal and abnormal children, in high schools, in the study of social problems, in vocational guidance, and in business for selecting new workers and classifying, readjusting and promoting those already employed. (The name, if not the content, of the tests most

commonly used are known to us: The Binet, Stanford Binet, Thurstone, Otis, National Intelligence, Army Alpha. It seems to us a self-evident fact that such tests can and do measure intelligence.) But we are slow to place too much faith in tests that measure only one out of so many factors vital to success. We have too often seen high intelligence handicapped by laziness, outdistanced by lower intelligence supplemented by zeal, or even dogged determination. (In this practical world we feel the result is often like that noted by the visitor to a school who, hearing a racket in the yard, asked one of the children what the trouble was, "Aw," said the youngster, "the doctor's just been examin'n' us, and one of the deficient boys is knockin' the stuffin's out of a kid that's perfect.")

The psychologists themselves have been among the first to realize the limitations of the intelligence tests, and have made progress in working out tests to measure the other traits that make up personality. Aptitude tests have been tried, and such qualities as spread accuracy, manual dexterity, and mental alertness can be estimated satisfactorily. Various examinations have been devised to measure the fitness of applicants for a large number of vocations, as music, telegraphy, tool making, stenography. Of particular interest are the tests used for aviators where tests are made not only for intelligence but quick adjustment, motivational stability, effect of altitude, muscular exertion and fatigue. Character tests have not been developed so extensively, but these too the scientists are experimenting with, and such results as the tests for trustworthiness of Dr. Voelker, and the work of Dr. Downey in testing "volitional, temperamental, emotional and character traits" give at least a glimpse of the possibilities that lie in research along this line. The psychologists who tell us that "an individual must be considered from

all points of view: the economic, social, physical, physiological and psychological" have made a beginning in discovering means to make these estimates. There is much food for thought in the answer made by the little boy from Boston when asked how old he was. "That is a difficult question," he said. "The latest personal survey available shows my psychological age to be 12, my moral age 4, my anatomical age 7, and my physiological age 6. I suppose, however, that you refer to my chronological age, which is 8. That is so old-fashioned that I seldom think of it any more."

And the nursing schools: what use are they making of these newer methods, either in selecting students or in endeavouring to make accurate estimate of their abilities after they enter? Very little, it must be acknowledged. Probably psychological tests are not used to any great extent in more than fifteen or twenty, many of which are university schools. The Robert Long Hospital of the University of Indiana was one of the first to use them, beginning work in that line in 1919 in connection with the Psychological Department of the University of Indiana, and has found good correlations between their results and the theoretical work of the students: better than with the practical work. The nursing schools, like the colleges, regard their tests as merely supplementary and do not yet accept or refuse students on their evidence. (The test most commonly used is the Thurstone IV. The Army Alpha, 7 to 9, is also used to some extent.) It will be noted that so far only intelligence tests have been in use, not aptitude nor character tests.

If many superintendents of nurses have held aloof from psychological tests, it has not been because they do not recognise their value and possibilities. The present methods of selection do not give such dependable and uniform results that we will be



content to retain them indefinitely. But most superintendents have heeded this warning, that the task of testing is one for trained psychologists, and if they have no opportunity of getting such aid, they have had the judgment not to attempt the tests. True, they might seek this aid if they felt deeply enough convinced of their value. That time may not come till the testing of traits other than intelligence has been fully developed. With or without justification, we believe that nursing requires an unusual combination of intelligence, aptitude and character, and we do not feel so deep an interest in tests which reveal only one phase. It may be long before the necessary tests are developed, for if one of the fundamentals of a test is to know the requirements of the job, the making of nursing tests must be preceded by job analysis, and nursing has not now at its command the necessary funds and corps of workers for such research.

But little progress will be made if we wait for the ideal. Probably we could, if we would, make far more use of the tests even in the present stage of development. For one thing we could save time in gauging the natural intelligence of our students. All that the intelligence test can do, a teacher can do, it is said, but the test does it in five hours instead of five months. Columbia finds that the test distinguishes the dull from the reticent, the showy from the able, and that knowing the ablest men in a group they may be able to "sow seeds which they hope will result in a crop of scholars," and knowing the weakest, may be able to sympathise with their difficulties and appreciate their efforts. Miss Alice Lake, in her work with psychological tests, says: "We found them most helpful 90 per cent. of the time, especially when the student was weak and we had to make allowances. If one was weak on 'following directions' we took

special precautions that she understood them thoroughly before we entrusted her with serious responsibility." So a student might be spared that working beyond her capabilities which so often leads to failure and discouragement. If tests help us to keep our patience with the less highly endowed, might they not also teach us to lose patience more quickly with the individual who is naturally gifted but nevertheless satisfied with "just getting by"?

Possibly we may find in intelligence tests the solution of this problem of the applicant of ability who is not able to obtain her educational credentials. Teachers College is admitting such students with certain restrictions, after they have passed the test satisfactorily. And it is not too much to hope that some day we will be using tests, perhaps like these for distinguishing between the extrovert and introvert, to show in what branch of nursing the graduate could most advantageously enter.

One is glad to note that psychologists with all their effort to put means of estimating character and selecting applicants on a purely scientific basis, and to substitute objective for the present subjective methods, do not fail to take into account that passionate love of one's work which we are always seeking in our applicants. "Often when the applicant is particularly insistent upon a trial at a certain kind of work or training," they say, "it is advisable to give her an opportunity even though her performance in tests is poor, because the presence of a genuine and driving ambition will sometimes take an individual over the most difficult obstacles." We, too, appreciate the rare value of this trait, and count our schools fortunate if, when selecting those applicants who will so soon become our co-workers, we find them imbued with the devotion for nursing which is the dominant force of our profession.

## Department of Private Duty Nursing

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### *Breast Feeding*

By GORDON CHOWN, B.A., M.D.,

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Holt, in his text book, states that fully four-fifths of the deaths in infants under one year, are in infants artificially fed. Put in other words, the breast-fed infant has six times as many chances of living as the bottle fed. At this time when so much is being written and so much being done in the way of Child Health organizations, Nutritional Clinics, Prenatal Clinics, etc., to raise the child to a healthy manhood, it seems to me that if we are to give him a proper start in the world, with every prospect of growing and developing into a healthy manhood that a greater effort on the part of physicians, nurses and social workers should be made to encourage and insist on breast feeding. First let it be realized that breast feeding is the normal physiological function, and I feel that with proper encouragement and advice on the part of the obstetrician and nurse during the pre-natal care and at the time of confinement, that at least 95 per cent. of women could nurse their babies and nurse them successfully. While this would mean less work for the pediatrician, it would mean more and better babies for the community.

To arrive at some conclusion as to the length of time the average woman of Winnipeg nurses her baby, I examined 100 case sheets from my records, and I find the following facts:—

Never nursed .....	11
Nursed under 1 month.....	11
Nursed 1-2 months .....	18
Nursed 3-4 months .....	20

Nursed 5-6 months .....	11
Nursed 7-8 months .....	19
Nursed 9-10 months .....	12
Nursed 11-12 months .....	7
Over 12 months .....	1

As these case sheets were taken from every class in the City of Winnipeg, I think it is fairly safe to conclude that they are representative of the state of maternal nursing in the city. The most significant of them is that 11 per cent. do not nurse their babies at all, and another 11 per cent. nurse their babies for less than one month. I think it fair to assume that the 11 per cent. who nurse less than one month may be grouped with the 11 per cent. who never nursed their babies, bringing the total up to 22 per cent.

It is a fact that during the war in France and Belgium maternal nursing greatly increased; hence, under the stress of great economic necessity mothers have found their breasts adequate to the demands; in many regions of Japan, artificial feeding has been almost unknown; Esquimaux are said to nurse their children until the third year of life.

It is my custom in taking a history to ascertain in each instance the reason for stopping nursing, and in looking over my records, the following causes present themselves. I will enumerate the causes as stated by the mothers themselves and at the same time outline their treatment.

**1. Inverted Nipples:** This is the cause in primiparae in not a few instances, and the fact is not usually discovered until after the confinement. I would suggest to the obstetrician that the pre-natal care, more especially of the primiparae, is not complete without an examination of

(This paper forms the basis of a lecture in the course of Pediatrics for the nurses of the Children's Hospital and General Hospital, Winnipeg.)



the breasts. If the nipples be inverted, advise the gentle traction daily and massage until the nipples are well out. If this is not noted before the confinement and massage fails, the nipple shield may possibly solve the problem. The shield or breast pump should be used to withdraw the nipple into the cylindrical glass portion and then removed and the baby quickly applied to the nipple.

**2. Milk did not come in:** Jacobi, Sedgwick, Griffith, Schwartz and many other competent observers, assure us that agalactia or physiological failure of lactation is practically unknown. It may be necessary to point out that the appearance of breast milk is occasionally delayed until as late as the tenth day, and one should not be too ready to assume that there is no milk and institute bottle feedings, because by doing so, you remove the greatest stimulation to breast milk secretion, viz., the regular and repeated demand on the breast. I think if the breast milk is not established by the end of the fourth day, that one is justified in putting the infant on a formula, but in no instance should the formula given equal the caloric requirements of the infant, and in every instance it should be given as a complementary feeding. By this I mean at regular three-hour intervals the child should be put to each breast, and following the nursing, it may have its feeding. In this way in a great majority of cases, free secretion of breast milk can be established in a few days and the complementary feedings done away with.

**3. My physician and very frequently the nurse had the milk examined and informed me it was little better than water:** Too often breast milk is rejected as of too poor quality on the meagre evidence furnished by the examination of a single small specimen. On enquiry how the specimen was obtained, in every instance it is the foremilk that has been pumped off by the mother and sent to the laboratory. The

foremilk is always low in fat and total solids, just as the hind milk is rich in these two respects, and if one wishes to obtain some idea as to the average percentage composition of the milk, he should be careful to obtain the mid-milk. But even when this is done, breast milk differs so much in quality and quantity at different periods of the day and at different periods of the nursing that for any correct conclusion to be drawn from a chemical examination of breast milk a 24-hour sample should be collected. And were this done, I do not hesitate to say that such an examination will rarely reveal any variance from the normal. My authority for this statement is an exhaustive study of human milk by Talbot of Boston. (Reiss, Breast-feeding, Archives of Pediatrics, May, 1921.)

**4. I had not sufficient milk—baby was not satisfied:** Too often the mother's statement to this effect is accepted without the necessary conclusive evidence gained by weighing the baby before and after each nursing, for a period of 24 hours. This, I may say, is the only accurate way of giving support to the mother's statement. Should the statement be substantiated, the treatment should be complementary feedings, and not supplemental feedings, because there is no disputing the fact that breast milk in no matter how small a quantity aids in the digestion of cow's milk. Manual expression of the breast following the nursing will increase the amount of breast milk.

As an illustration of Nos. 3 and 4 I wish to quote a case:—

Baby girl, age 2 months: present weight 8 pounds. Mother primipara; full time; birth weight 8 pounds. The physician in charge of this case at the age of one month, as the baby was not doing well, and was restless, had the breast milk examined and the report returned showed fat 1 per cent., protein 1 per cent. With these facts before him, he advised nursing three times and supplementary feed-

ings three times. At the age of two months, as the baby had not gained in weight, I was consulted. Physical examination of the baby was negative except for undernourishment. Examination of the mother's breast by expression revealed a fair supply of breast milk. I advised nursing each breast every three hours—seven feedings in 24 hours, and in the course of 24 hours learned the amount of breast milk secreted by weighing before and after nursing, and ordered complementary feedings of skimmed milk and water to be given after each nursing. Within two weeks, with the regular stimulation and emptying of the breasts the mother had sufficient nurse for her baby; and within six weeks was able to supply two nursings a day to an artificially fed baby in the suite below who was not doing well.

**5. Baby fretful and colicky, would not sleep, and was having 6-7 green stools a day with curds:** These are the types of cases where one can almost always say at once, that it is a case of overfeeding. I think I cannot do better in illustrating this type of case than by referring to another case:—Baby F., age 6 weeks: birth weight  $5\frac{1}{2}$  pounds, complaint—colic, frequent green, loose stools, a stool after every nursing. Physical examination of the baby negative. The interesting feature was that in spite of this colic, 9-10 green stools in a day with curds, he had gained two pounds in weight. Mother had large breasts, tense and full at nursing time, and on account of his restlessness she was feeding him every  $2\frac{1}{2}$  hours, 9 feedings in the 24 hours. To increase her supply of milk, in addition to three substantial meals a day, she was taking  $1\frac{1}{2}$  quarts of gruel and milk, stout, galactogol, and leading a sedentary life. My treatment here was to stop all extra food, to nurse her baby every three hours, 7 feedings in the 24 hours, for no longer than 15 minutes, and walk a mile or two each day. Within ten days, the stools had become two a

day, normal in character, and the baby continued to nurse for eight months. The present day tendency especially with nurses is to examine the stool closely and if a few fat curds are seen to assume that the baby has an indigestion. The nurse expresses this fact to the mother, causing her needless anxiety and worry which is the chief cause of colic in infants. Practically every breast milk stool shows fat curds. If the baby is thriving my advice is always to look at the baby and not at the stool.

For colic and frequent stools one ounce of water before the nursing and lengthening the period from three to four hours is of decided benefit.

**6. The mother temperamentally unfitted to nurse her baby:** This possibly forms the largest class that do not nurse. Holt says, "that it is the nervous temperament of the mother which largely decides her success or failure as a nurse. If the mother would nurse successfully, she must have plenty of rest and sleep, moderate exercise, keep her mind free from unnecessary worries, avoid social engagements and lead a simple, natural life. Unless she can and will do this, successful nursing can hardly be expected."

Here again, let me say that the obstetrician in his pre-natal care of a mother, should do all in his power to see that she is physically and psychologically ready to carry out the nursing function. Much can be done by explaining to expectant mothers that four-fifths of the babies that die before one year of age are artificially fed babies. Also, that by virtue of nursing, their babies receive considerable immunity to any disease which they may have had during their life.

It may be necessary to exaggerate, but I consider that any amount of exaggeration is justifiable in order to obtain this end.

The question now arises, as to what may be considered the absolute



contra-indications as to maternal nursing. In this connection I was interested to see in the excerpts from foreign publications as printed in the *Journal of the American Medical Association*, dated July 9th, 1921, a report by Molden Hauer, who made a study of 30 lactating women with various diseases, to determine the effect on infants of nursing by a sick mother. His report may be briefly summarized as follows:—

In open tuberculosis and true dysentery, it is wise to forbid nursing on account of the danger of infection to the infant. He quotes six cases of mastitis, even though the breast was incised and suppurating freely, nursing was continued, as well as four cases of aseptic operations for hernia, interval appendix, cholecystectomy, and five other operations for septic causes, also five cases of multiple sclerosis, bulbar paralysis, or neuropathy with a tendency to suicide, ten cases of various internal infectious diseases. In all of these cases no harm came to the infant from nursing the sick mother. In two cases of severe dysentery, for fear of contagion, the infant had been taken from the breast; but still it proved possible to keep up the secretion with a breast pump, with a minimum of 100 gms. daily, and at the end of six weeks, with the aid of a vigorously sucking infant, the breast secretion was brought back to normal and the mother's own child returned to the breast to nurse.

I have recently had occasion to see two infants both of whose mothers had had an operation for mastoiditis. One of these infants was placed in the Children's Hospital to be returned to his mother at the end of four weeks. The other was boarded out with his sister who took care of him for ten days, and as a result these infants were summarily weaned. Had the specialist in these cases given more consideration to these infants, it would have been possible to return them to the breast at the

end of twelve hours after operation and thus continued the lactation.

On the other hand, if it were considered inadvisable to return the infants to the breast, the secretion should have been maintained by regularly emptying the breasts by artificial means.

To further impress you with the value of breast milk as a life saving measure, the following may be of interest: For a number of years it has been the policy of the Babies' Hospital, New York, to send a nursery maid, trained in the art of expression, to the East Side every morning. She expresses breast milk from the mothers there, and it is a poor day that she does not return with one quart of breast milk. She pays for the breast milk at the rate of five cents an ounce. The nurses vie with each other to obtain the breast milk for their very ill babies.

There is another woman in New York who makes a business of obtaining breast milk in the same way and selling it to the wealthy at the rate of 50c an ounce.

A paper of this sort would not be complete without referring to the work of late Dr. Sedgwick of Minneapolis. Through his efforts, with the aid of a systematized propaganda, 96 per cent. of women in Minneapolis are nursing their babies at the end of the second month, and 72 per cent. are nursing at the end of the ninth month. In one thousand consecutive cases, in the New Born Clinic of the University of Minnesota in which the mother and the baby left the hospital together, each child was at the breast. As Sedgwick justly says, this does away with the bogie agalactia. He was the first to point out that it is the persistent demand on the breast which is the most important and continually neglected factor in the establishment, maintenance and reinstitution of natural or breast feeding. He considers the three regular meals are all that is necessary for a nursing mother, and that the forced feeding, as generally

adopted, plays no role either in the establishment or increasing the supply of breast milk.

How often is the same cry heard, that all the food I have been taking went to me and not to the baby; and growing fat is a sore point with most women. •

If the babe does not do well at the breast, Sedgwick states that the trouble is practically always with the babe itself or with the quantity and not with the quality of the milk. I have referred on one or two occasions throughout this paper to the emptying of the breasts by artificial means. The breast pump is generally unsatisfactory and Sedgwick's method of expression is one of choice. The expression is carried out as follows:—

The breast is grasped one or two centimetres back of the colored areola, and a milking motion, using the thumb and first finger, is carried out towards the nipple. No massage of the breast proper is allowed as it is of little if any value, and sometimes

causes traumatic inflammatory action. To show what can be done by this method of expression, Apt, in his paper on Wet Nurse Management, Journal of American Medical Association, dated August 11th, 1917, quotes that the average daily yield from a wet nurse was 38.5 ounces a day or 247.3 quarts in seven months.

Further details of Sedgwick's work may be found in the Journal of the American Medical Association, vol. 69, No. 6, dated August 11th, 1917, and in the American Journal of Diseases of Children, vol. 25, No. 5, dated May, 1921.

In conclusion a mother with her first baby depends almost entirely on the advice of the nurse in attendance. With reference to breast feeding, the nurse should realize that a baby fails to thrive on the breast for two reasons only, viz., there is something wrong with the baby or the breast milk is insufficient in quantity. This requires a diagnosis.

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## Constipation

The lack of peristalsis and inadequate action of the intestines produces stagnation in the alimentary tract, which results in infrequency or irregularity of bowel action, or constipation.

There are many different causes of constipation, some congenital, or anatomic; others mainly hygienic. A frequent cause is inattention to the formation of the habit of emptying the bowel at a regular time each day. The most favourable time is immediately after breakfast because the morning meal stimulates peristalsis in the intestinal tract. The necessity for a regular habit of defecation must be impressed on children. Attention to diet is an im-

portant factor, particularly in regard to fluid intake. Very few people drink sufficient water. The continual use of laxatives is harmful and should be discontinued. Some form of liquid paraffine, recommended by your doctor or nurse, should be taken regularly, immediately before or immediately after meals, according to directions. If this is done, a well-balanced diet adopted, and plenty of water taken, regular habits of defecation can be formed and the most stubborn cases of constipation overcome. But it must be borne in mind that internal cleanliness is secured and maintained only by the same unrelenting daily care that one ungrudgingly bestows on the exterior. And it is more important.



## Department of Public Health Nursing

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### *The Problem Child and the School Nurse*

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In venturing to speak to you on the Problem Child and the School Nurse, I feel I am attempting a large order, but it is a subject we are all becoming more alive to and more keenly interested in. We are just beginning to realize its possibilities and effects. But until we settle down and really seriously think about it—to study the causes—we do not realize how immense a field it is or where it is apt to lead. We will have to reconstruct many of our established ideas and pet theories and probably change them from time to time as we learn to look at things from a different angle.

I cannot do more than touch upon a few points. Some simple everyday, common occurrences.

The first question asked in the Mental Hygiene Primer is: "What is Mental Hygiene and whom does it concern?" It goes on to point out the obvious but generally disregarded fact that the mental health of a community is as important as its physical welfare. It is obvious, because without mental health even the most vigorous of us physically cannot maintain satisfactory or economic adjustments, generally disregarded because of the stigma, that result of medieval superstition, which clings so tenaciously to our mentally sick, and because we are prone to neglect things which are either unpleasant or little understood. The Mental Hygiene movement is everywhere embarrassed by a popular fallacy that it seeks only to prevent or lessen cases of actual disease. Though concerned

primarily with mental disorders, it also includes other conditions equally important and far more numerous. The work is not only for those who suffer from mental disorder or defect, but for all those who, for one cause or another, are unable to so adjust themselves as to live happy and efficient lives.

When we consider that the child of today is the man of tomorrow and therefore the most important of all things that live and grow, it is surprising how little attention we give to the normal habits and traits of children. If we wish to produce a perfect flower we study the nature and need of the seed and plant, place it in the surroundings best suited to these, care for it and if the conditions are right for that particular plant the result is a blossom that is a joy to all beholding it. The flower we should try to bring to full bloom in children may be called the normal personality. In the struggle for existence later on in life this will be invaluable. It insures not only a reasonable degree of success but above all it means satisfaction and contentment with life. On the other hand if the surroundings do not supply what is required, forcing the normal traits in the wrong direction, then the result will be a stunted, ugly, abnormal personality, bringing unhappiness, possibly mental disease, and failure in adult life.

What are these traits that all children have and which must be carefully handled if full mental growth is to be reached?

First, children are imitative: speech depends largely upon imitation. When a baby begins to talk it is imitating what it hears, naturally it imitates bad examples as easily

as wholesome ones. The moral is clear: deception, selfishness, indulgence, bad temper, cruelty and the like should not be displayed by those caring for children, for eventually the baby will copy them just as surely as it learns its first words.

The child is suggestible. This means all kinds of unhealthy thoughts and unnatural behaviour may be suggested by unwise words or actions. The mother who remarks when her little girl stumbles or drops things, "Mary is so nervous, just like her father," is certainly suggesting nervousness, and if she continues to do so the child will become handicapped for life. The moral here is never discuss with other people a child's successes or failures in his hearing.

All normal children are curious. It is fortunate for the future of civilization that they are. All the inventions that make life easy, telephone, electricity, motor cars and so on, all the things you and I do in our care of the sick, are because somebody was curious enough to experiment. Don't lose patience with the small child who asks innumerable questions, but remember that youngster is merely trying to satisfy a craving for knowledge, that he needs just as much as he needs sunshine, fresh air, milk and proper diet in order to develop his body. Children are usually more curious about sexual things than anything else. This is because they soon become aware of a conspiracy or silence about this subject, so naturally their curiosity becomes intensified. It seems wiser that innocent questions should be answered in a simple, straightforward way in accordance with children's ability to understand. This curiosity cannot be stifled and if they do not obtain satisfactory information from their parents, they will get ugly and harmful misinformation from other sources, especially once they begin school.

Children love power, they naturally like to hold the centre of the stage, for who of us doesn't enjoy a little limelight now and then? So long as this desire to attract attention doesn't go too far it may be treated more or less casually, for the child soon learns to understand it must respect the privileges of others.

Many children pass through a phase of wanting to run away and embark on adventurous careers, or they are continually romancing and telling wonderful tales, in which they always fill the role of hero. This is merely a stage in their normal development. There are many good and harmless substitutes for these proclivities. Outdoor sports of all kinds will not only provide a healthy outlet but will also increase a reserve of physical health for use in later life. Acquaintance with good literature will satisfy the imaginative fancy, and by the exercise of good judgment and gentle training the child will gradually be taught to distinguish between truth and fiction. His imagination will be permitted to develop but at the same time the principle of truthfulness will be implanted in the growing mind.

About punishment, there are just these things I want to stress: whatever the mode of correction it must fulfill certain requirements. It should be reasonable, fair and prompt. The offense must be closely associated with the punishment which is to follow. If a child gradually comes to realize that certain conduct of his invariably results in pain or in being deprived of one thing or another, he avoids that sort of thing. Punishment should never be threatened and then not administered. Children all too soon recognize a failure to keep a promise of any kind and they lose respect for those who break promises. Punishment that is merely an expression of anger creates a perfectly proper anger and rebellion on the part of a child. The person losing



his self-control is misbehaving worse than the child, and the child knows it. Such punishments may create fear in a child so that it "minds" but its good behaviour is purchased at too high a price, for the reason that hatred of, and rebellion against, authority becomes a fixed emotional habit leading to great difficulties later on. Fixed habits are always very hard to overcome though often easily acquired.

In helping a child to develop healthy mental habits it is wise to keep this in mind: permit a child as much freedom of expression as possible, allowing him to find an expression for himself and his own particular interests in his play, in his work and his contact with others. If this expression interferes with others or is unwise, direct his energy tactfully into other and better channels, but be careful not to force a repression on a child that will be harmful. Help a child to maintain his self-respect. Never by word or action take away or belittle what self-respect he has. In cultivating healthy mental habits in a child we shall usually find it well worth while to do a little cultivating in our own personal garden.

You are doubtless wondering why so much talk about children in general when I am supposed to be talking about problem children, but one must give a little consideration as to what is good for all children, in order to avoid having a problem to deal with.

A problem child doesn't necessarily mean an abnormal or a subnormal one, but one who is unable to adapt himself to carry on successfully. There are many factors that may enter into the trouble—it may be due to bad habit formation, unsuitable environment, unsympathetic or unwise handling by those in charge of the youngster, lack of co-operation between home and school. It may be due to some physical disability; it may be mental retardation or an incipient mental disorder, or

it may be due to any combination of these factors.

There is no rule of thumb for dealing with the problem child: you cannot sort such children into neat little piles like you do slips for defective teeth or diseased tonsils. Each case must be dealt with on its own merits, and only after a careful study of all the underlying causes with a balancing of the assets and liabilities. If the material is poor, you can't expect a perfect result any more than you can make a silk purse from a sow's ear. We cannot all be vessels of silver or gold and the humble, well-made earthen one gives a much more efficient and faithful service in its lowly place than the silver one that has a flaw.

How may the school nurse help with problem pupils? These children may come from any grade from the kindergarten up through the senior IV or even higher, and they may come from poor or well-to-do homes. Why are they problems? In a group of 46 such children in one school, 35 were reported as having trouble in keeping up with their classmates in one or more subjects. In each case where there was a suggestion of retardation a Binet Intelligence test was given. This eliminated 16 who were found to have retardation of from three to six years, showing they were in need of special teaching. The academic troubles of the other 19 were associated with, if not the disguised expression of, such re-actions as shyness, laziness, inattention, vicious tendencies, sensitiveness to criticism, day-dreaming and hypochondriacal fears with resulting irregular attendance. The 11 remaining were referred for such difficulties as temper tantrums, sullenness, crying spells, twitching, indifference, excitability, poor co-ordination of hands and so on. So familiar are the majority of these re-actions in the everyday world that in our rather breathless hurry, we simply don't pause to consider these facts as having a great

bearing on the problem. Faulty nutrition, inadequate exercise or play, lack of proper sleeping accommodation, insufficient sleep, poor lighting and ventilation, a poorly balanced school curriculum are very important facts, but you and I want concrete facts about the shyness, the twitching or whatever the reported trouble is. To understand his inability to concentrate, his impulsive behaviour, his lack of satisfaction in his work or play, we must go carefully into that child's history. The facts must be gleaned from every available source: from the teacher, the parent, physician and from the child himself. Don't neglect the last. Digging up this information is not always so difficult as it may sound, though I frankly admit it is rather a lengthy performance. With a few exceptions, parents, once they understand you come to help, not to criticize or find fault, will talk more freely and are usually eager to understand and learn to adjust the trouble as far as possible, even if it involves some personal sacrifice, the giving up of some pet theory of training that has been considered successful with their other children. It is not all done in a twinkling of an eye, but it is your job and the teacher's to get those parents to do their part and you must also gain that child's confidence and co-operation.

In studying a problem child one of your first tasks it to make sure the child has a thorough medical examination so that any defects may be corrected and these physical handicaps eliminated as far as possible. If a child is inattentive, is it because he doesn't see or hear properly? Slight defects, in hearing especially, are often overlooked, sometimes because the child may not realize the trouble or is unwilling to acknowledge it. Sometimes it isn't recognized because our methods of testing for defective hearing at school are very imperfect and elementary. Is he inattentive or

lacking in energy because his bedtime is late and irregular? Does he sleep as the centre member of three in a bed and with a hermetically sealed window? If so, it is no wonder he yawns and stretches and tires out early in the day. While you are finding out these details you have a chance to steer the conversation into a channel that brings out the information about his earlier life. What serious illnesses has the child had? Be specially careful to go into the history of any severe toxic conditions: poliomyelitis, encephalitis, meningitis, convulsions, and head injuries, as many of these things cause very definite changes in a child's personality and have also the effect of slowing up his mental development. What about his mother during her pregnancy? Were there complications? Was his birth normal or were instruments used? Was he breast fed or experimented upon with numerous weird feedings, suggested by helpful neighbours? All this will gradually lead you back to getting the history of his parents and give you a chance to see what his heredity is, what sort of stuff his parents are made of, and what their ideas of bringing up their children are. Do they frighten the children into obedience, do they talk about mysterious hobgoblins and instill all sorts of unwholesome fears in their unfortunate offspring's mind—terror of the dark, of dogs that always bite, or horrible punishments on earth or hereafter? Do they continually talk of the child's behaviour, or poor health, in his presence? Naturally children should not be present during any such discussions.

Does the mother tell him constantly about her own nervousness so she may have his sympathy, incidentally implanting ideas of the same trouble firmly in his receptive little mind? Does she worry and fuss over him, coddling him physically and mentally, thus denying him independence of thought and



action and repressing his healthy activities? Do the parents set the child a bad example by squabbling and raving, scolding or nagging each other and the children? Do they allow him to get his own way by exhibiting these same sort of temper tantrums? Do they make him dishonest by lying to him or before him, evading his questions, refusing him things he wants for no real reason, dealing out harsh treatments for minor offenses as an outlet for their own emotions? Does one parent shield him from the other, boast of some dishonest practice before him or make a hero of some one noted for dishonesty? Do they let him attend all sorts of movies and any time he wants to go? If you find parents who do these sort of things, how can they expect their children not to follow the example? In your dealing with parents, can you not bring even a slight realization of the grave injury they are doing their children? You can, at least, make them begin to think about it, and if you make them think **often enough** along this line, they will unconsciously try to overcome things, even if they at first are unwilling to pay much attention to you. There are few parents who won't make sacrifices for their children, if only for the sake of peace in the home.

Sorely tried teachers are not exempt from some of these very failings any more than the rest of us, and I find them quite prone to forget the long ears of the little pitchers and to start discussing, before the class, the special children to be examined. It is a serious mistake and may lead to great unhappiness for those very children. For quite apart from feeling themselves singled out and to be something queer, the others are only too delighted to have something to tease them about and jeer at them, for, as you know, children can be horribly cruel to each other.

Beside your talks with the grown-

ups, you won't get far if you don't establish a good contact with the child, but never by conspicuously singling him out. Let your talks with him apparently be casual meetings, or chance chats; sometimes you may get him to help with some odd job or go an errand or two for you. Anything that won't make him self-conscious. Try to see things from his angle. If you can't get yourself back to how things looked to you at that age, recall how you felt when the circus came to town, your intense interest in everything connected with it: your thrills over the closed, gilt wagons, your passion for pink lemonade and peanuts. That never fails to get one back into a happy frame of mind, and helps one to see things through a child's eyes. The main thing is to find some point of common interest. If you love children—and you can't be a school or a health nurse successfully if you don't—it won't be hard. Make him forget, for a while, you are some one in authority, therefore in his present unhappy state, one to be avoided and looked upon with suspicion.

The most essential thing in studying a problem child is to have him seen by a psychiatrist accustomed to dealing with difficult children. Otherwise how are you to learn what intellectual and emotional material, and its possibilities, you are trying to deal with, but remember the psychiatrist cannot carry out his examination satisfactorily if the nurse has not collected and arranged all available information concerning the home, parents and child. The teacher's report also must be ready and this must not only show his progress, good and weak points, but must be a frank statement of the particular trouble the child presents. Why give the reason for examination as "poor progress," "seems retarded?" Anyone can glean those facts by looking at the school card, by comparing the grade with his age and attendance. For instance, we had a boy come up for examination

the other morning with a report like that, but not one line stating he was always sulky and disobedient, and had even sneaked a soft snowball into the classroom a few days before and thrown it at a boy who had poked fun at him. No mention was made of the fact he would not respond to either kindness or punishment. If the nurse and teacher don't combine to give the psychiatrist some real facts, how much time must he waste, sometimes unsuccessfully, trying to get at the trouble? He is invariably a busy man with many children to see. One other thing about a child coming to see the doctor: don't let him get the idea it is because he is to have his "brains tested," or because he is a "dumb-bell," as has happened on many unhappy occasions.

The examination does not merely consist of a Binet Intelligence test, though this is always part of the routine. It is useful in getting the child's intellectual level and an idea of his capabilities, but it does not pretend to measure emotional reactions, though often the child's answers and attitude give you a great light along these lines. I am not in the least belittling the Binet, for it is a most invaluable and necessary aid, but often people get the idea that it is all there is to a psychiatric examination. I would like to advise you here, that when using the result of the Binet test you will find it a much more useful working basis if you go by the mental age assigned the child, rather than the intelligent quotient. Many children with a comparatively low I.Q., who are steady-going, routine beings, will eventually turn into far better citizens than those with high I.Q.'s, who are unstable, highly excitable, impulsive and neurotic.

In the rural work, at present, I realize you are more often than not unable to have the advice of a psychiatrist. You cannot expect to make headway with any difficult and complicated cases, but you can

at least try to get a good idea of all the factors which are unsatisfactory and adjust these to the best of your ability. Sometime the key to the situation will be thrust into your hand in some unexpected fashion.

A boy of 13 or 14 came to see the doctor last week. He wasn't getting on, didn't work, was impatient, but never actively disobedient, he was popular with the boys out of school, liked all sorts of sports and was no problem at home. The Binet test showed him to have a little more than average intellectual ability and to be quite capable of doing work in a higher grade. He was enthusiastic when talking about outdoor life, but very embarrassed and uncomfortable when school work was mentioned. He fiddled with a pencil, scuffled his feet and didn't look the doctor in the eye any longer. Finally when he thought it was all over, he stood up twiddling his cap in an undecided manner. The doctor was apparently very busy writing and didn't look up, though he was just quietly waiting for a disclosure. It came, for suddenly the boy blurted out the truth; his teacher was alright, she was kind, very fair and he liked her fine, but as he said "Gee, doctor, I'm too old to be taught by a woman. I want a man teacher who knows about games. Skirts are alright for little kids, but I'm too big now." Many times some very simple unsuspected thing, like that, lies at the root, but often the trouble is to diplomatically straighten it out. The school authority must be backed up and the child not allowed to feel he is putting anything over.

Sometimes you find a child who is failing because of a feeling of inferiority. The others both at home and school are quicker and brighter. The youngster is made to feel this by being left out of things. The others may not be conscious of this superiority, but they just don't expect much of him. Find out what



sort of thing a child like this can do well, for usually there is some compensating ability, and make the most of what he has. Maybe he is handy with tools, has a mechanical flair, and if he is made to feel that he is the one the family depends on to fix things because he does it so well, he'll be contented and develop a great sense of responsibility. A little responsibility and regular jobs at home are good for all children, but don't load the slow one with all the uninteresting and tiresome jobs: like always having to mind the baby while the others play baseball. If a boy is continually restless in school, find an outlet. It may be due to the fact the work of that grade is too easy for him and doesn't make him work. Whatever the trouble is, an outlet must be found, some way to work off his surplus steam before the safety valve blows off! Sometimes we have found certain very restless boys who have been more readily controlled by being allowed to spend the last half hour so often a week working at a bench in the auxiliary class. This being only allowed on condition of satisfactory behaviour.

If a child pays constant visits to the nurse's office on all sorts of excuses, a headache today, a fancied pain here tomorrow, a scratch next day, find out, after you are sure there is no physical basis, what is at the bottom of it. Is the little girl hearing too much about other people's pains and aches at home? Is she looking for attention because she longs for some kindness and sympathy, being denied this at home, or is there a spelling or an arithmetic lesson she wants to avoid in her classroom?

In each case you can't do any adjusting until you find out the cause, just as we had to do that same thing before we learned to handle physical troubles. Don't try to undertake a lot of cases at once. Select rather a few cases, study them carefully, building up your background: that is the history and environmental factors, keeping the problem in mind, then try to straighten out the tangle. If you keep track of what you accomplish, both successes and failures, and go back over these occasionally, you will find it well worth while.

### *Essay Competition*

In order to stimulate an interest in and a knowledge of the causes of maternal mortality, the Council of the Saskatchewan Registered Nurses Association has arranged for a competition, open to all nurses registered in the Province of Saskatchewan. To the nurses sending in the best essays on "Causes of Maternal Mortality" prizes are offered as follows: First prize, \$25.00, offered by the Local Council of Women; second prize, \$15.00, given by the Saskatchewan Registered Nurses Association; third prize, \$10.00, given by Dr. Lilian Chase, of Regina.

The competition is subject to the following rules:—

a. To be open to all nurses registered in Saskatchewan.

b. Essay not to exceed 3,000 words.

c. Essay to be typed on one side of paper only.

d. That these essays become the property of this Association, and may be published at the discretion of the Association.

e. Writer's name to be on separate paper, accompanying the essay and no identification marks whatever to be used.

f. To be in the hands of the Secretary of the Saskatchewan Registered Nurses Association, Elda M. Lyne, 39 Canada Life Building, Regina, not later than January 31st, 1928.

## News Notes

On the morning of Armistice Day a basket of lovely brown and yellow flowers, with yellow tulle, was placed before the Memorial Panel to Canadian Nurses in the Hall of Fame, Parliament Buildings, Ottawa. Miss Gertrude Garvin of Ottawa writes: "It is surprising how much interest centres around this beautiful memorial. I never go up but I find many people there. The guides interpret its meaning so beautifully, too." The members of the Canadian Nurses Association are indebted to Miss Garvin who has seen that in the name of Canadian nurses flowers have been placed before the Panel on each Armistice Day. This is a custom which it is hoped may be continued throughout future years.

### ALBERTA

The conjoint convention of 1927 of the Alberta Association of Registered Nurses, the Alberta Hospitals Association, and the Alberta Municipal Hospitals Association, was held in Edmonton on November 21st and 22nd in the Memorial Hall, Edmonton.

The business session of the A.A.R.N. was held during the first morning, while the afternoon was given over to meetings of the three sections, unfinished business and a talk on The Canadian Nurse magazine by Miss Jean S. Wilson, executive secretary C.N.A.

All in attendance met at a public meeting in the evening when addresses were given by Dr. M. R. Bow, deputy minister of health for Alberta; Miss Jean S. Wilson, who spoke on the work of the Canadian Nurses Association, and Dr. M. T. MacEachren, director of hospitals for the American College of Surgeons. Dr. MacEachren gave an interesting illustrated lecture on the hospitals of Australia and New Zealand.

An outstanding feature of the convention was that the programme had been arranged that papers were given dealing with many problems in the hospital and nursing services. These papers were to the point, but brief, allowing sufficient time for all round tables, presided over most ably by Dr. M. T. MacEachren. Considerable discussion followed the introduction of the question of schools for nurses including training in special hospitals for tuberculosis and mental cases.

One of the principal matters dealt with by the A.A.R.N. was the adoption of the following resolution which effects a change in the award of the annual scholarship:

"That the conditions under which the scholarship was awarded up to 1927 be rescinded.

"That hereafter the scholarship be increased to five hundred (\$500.00) dollars and awarded biennially as at present.

"That the scholarship be awarded on application to the executive council.

"That the award be open to all nurses trained and registered in the Province of Alberta.

"That the applicant be asked to submit to the council, statements of academic training, professional training, and experience since graduation—together with information regarding post-graduate work contemplated.

"That all applications for the scholarship should be in the hands of the secretary of the Association not later than May 31st, of the year of the award, and that the award be taken advantage of within six months of the date of the award.

"That in the event of inability to make use of the scholarship after the award has been made, applications shall be reconsidered and a new award made.

"That the next award be made in the year 1929."

And further:

"That in the event of the 1924 and 1925 scholarship not being made use of, the first award under the foregoing conditions be made in the year 1928."

Under the leadership of Dr. T. H. Whitelaw, medical health officer of Edmonton, the Alberta Health Officers' Association was organized for the first time.

The exhibit of hospital equipment and supplies was splendidly arranged while special mention should be made of the exhibits prepared by the Travelling Clinic of Alberta, the Central Alberta Sanatorium, the Junior Red Cross of Alberta, the Edmonton Branch of the Victorian Order of Nurses, the Provincial Department of Public Health, and the Royal Alexandra Hospital, of Edmonton.

On Monday the delegates and visitors were guests of the local associations at a luncheon, and on Tuesday the Edmonton Board of Trade entertained the entire convention at lunch, followed by an illustrated talk on hospitals by Dr. MacEachren.

Dr. Baker, superintendent of the Central Alberta Sanatorium, was elected president of the Alberta Hospitals Association, to succeed Dr. H. Smith, superintendent of the Royal Alexandra Hospital, Edmonton.



The members of the A.A.R.N. were most grateful for the deep interest which Dr. Smith showed towards nursing during his term of office and feel assured that the same interest will be maintained in the future.

Miss S. Macdonald, superintendent of nurses, Calgary General Hospital, and first vice-president of the A.A.R.N., presided over the A.A.R.N. sessions. Miss Macdonald was elected president for the year 1927-28.

### CALGARY

Miss Jean Wilson, executive secretary of the Canadian Nurses Association, spent a few hours in Calgary en route from Edmonton to Winnipeg on Wednesday, November 23rd. The Calgary Association of Graduate Nurses entertained her at a luncheon in the Hudson's Bay and in the evening Miss Wilson addressed a large number of the graduate nurses in the lecture room, Holy Cross Hospital. Miss Wilson gave the nurses an intimate description, in an informal way, of the national organization of nurses, which was later followed by discussion. Her address was most helpful and interesting to all present. The nurses much appreciated the privilege of meeting Miss Wilson.

Miss Bessie Donaldson, Calgary General Hospital, 1924, who has been doing special nursing in Chicago and New York for the past two years, is visiting friends in the city.

Miss Mary McRabbie, Holy Cross Hospital, 1925, died very suddenly after three days' illness at the Cardston Hospital, November 8th. Her untimely death at the early age of twenty-four was a great shock to her many relatives and friends. The funeral services, conducted by the Rev. Rex Brown, were held on November 11th. Miss McRabbie is survived by her father, in Scotland, and four brothers at Rockyford, Alta.

### EDMONTON

Miss Isabel Raymond, formerly with the local Welfare Board, and recently with the Women's Hospital, New York, is spending a few weeks in the city visiting relatives before going to California.

Miss O. Watherston has gone to Peers as district nurse.

The following public health nurses were in the city for the Alberta Association of Registered Nurses' convention in November:—Misses Black (Vegreville), E. M. Davidson (Milo), M. Lavelle (Calgary), C. Lonsdale (Medicine Hat) and Thyne (Slave Lake).

Miss Smiley, assistant superintendent of the University Hospital, will take charge of the Provincial Orthopaedic Hospital which is to be opened early in 1928. Miss Gregg (Calgary General Hospital), who is at present on the staff of

University Hospital, will be assistant superintendent of the Provincial Orthopaedic Hospital.

A most interesting lecture, with lantern slides, was given by Dr. S. McGibbon on the Vienna Hospitals to the G.N.A. at the November meeting.

Miss Amundsen, of the Isolation Hospital staff, has returned from a few months' vacation spent in Norway, Germany, France and the British Isles.

Miss Winnifred Golley has resigned from the Isolation Hospital staff and gone to Seattle.

Miss Oliver, of the operating room, Royal Alexandra Hospital, is holidaying in California.

### BRITISH COLUMBIA

Results of examination for certificate and title of registered nurse held recently in various parts of British Columbia are as follows:—

Seventy-six wrote examinations in full, one candidate writing a supplementary.

Seventy-four (74) passed in the following order of merit:—

First class (above 80%)—Misses A. S. Cavers, Vancouver General Hospital; V. A. James, Vancouver General Hospital; P. M. Cox, Royal Columbian Hospital, New Westminster; M. L. Cowen, (M. Cahoon, O. Beatty) equal.

Second class (70-80%)—Mrs. M. E. Cox, Misses R. S. Cansfield, E. Patrick, D. Ramsay, K. Nield, (H. Biggam, C. A. Clare) equal, F. Wilkinson, E. Oliver, M. Morrison, (F. Lewis, M. Hopkins) equal, E. Fairhurst, S. M. Allan, C. Fortier, J. Yurick, M. Walker, L. Hendrickson, (M. Kays, M. Shoplans) equal, G. Way, D. Whittington, D. Collett, (A. Price, M. Crawford) equal, H. Peterson, E. Routly, G. D. McWhinney.

Passed (50-70%)—Misses M. Pynn, V. Towgood, L. Jones, G. I. Armson, (B. Jones, M. Parker, H. Pelly) equal, M. Barbour, (L. Bartlett, E. Innes, D. Mackay) equal, (H. A. Sackson, E. M. Webster) equal, L. Kearns, M. Cochrane, F. Donaldson, (B. Bittancourt, M. A. Reid) equal, (L. Dicken, G. Molyneux) equal, G. Blizard, E. Burgess, D. Jones, (R. Cranston, S. Ellis) equal, (H. Latham, E. A. Thrift) equal, L. Biggam, A. Owens, L. L. Routh) equal, (M. J. Craig, G. Elford) equal, A. Wallace, (W. Crossling, E. McLeod) equal, G. Carthew, A. M. Mitchell, M. Parfitt, L. M. Yates, H. M. Service.

Passed with supplemental to write—Miss P. C. May.

### VANCOUVER

The annual meeting of the Vancouver Graduate Nurses Association was held in the auditorium of the Nurses' Home, St. Paul's Hospital, Vancouver, at 8 p.m., on November 9th, with the president, Miss

Ewart, in the chair. The minutes of the last meeting being read and business disposed of, an excellent entertainment was provided by members of the nursing staff of St. Paul's. Refreshments were served in the staff dining room, where a delightful social time was spent.

#### VICTORIA

In honour of Miss Isabel Jeffares, whose marriage to Mr. John Gibb took place in November, 1927, a tea was held by members of the Overseas Nurses' Club in Victoria.

The tables were prettily decorated with pink chrysanthemums and pale blue candles in pink scones. The corsage bouquet which marked the place of the bride-elect was of pink rosebuds and maiden-hair fern. Those present were: Misses Hodge, Ethel Morrison, Gregory Allen, Benvie, Naden, Franks and Mrs. A. E. Dixon. Mrs. Jeffares, mother of the bride-elect, poured the tea, and Mrs. Dixon cut the ices.

A pleasing incident was a shower, the gifts being presented in a large flower basket in pink and blue, thus carrying out the colour scheme of the tea table.

#### MANITOBA BRANDON

The November social evening of the Brandon G.N.A. was held at the Welfare Station, when the members of the Association were guests of the public health nurses.

The regular monthly meeting of the B.G.N.A. was held at the General Hospital and the undergraduates had charge of the programme. Miss C. MacDonald read a splendid paper on Blood Transfusions, and Miss V. Kirbyson gave a very interesting paper on pre-operative preparation and post-operative care of the patient.

Miss K. Campbell, Brandon General Hospital, 1923, has accepted a position in Dr. Templeton's office.

#### NEW BRUNSWICK SAINT JOHN

A very interesting lecture on x-ray therapy was given by Dr. A. S. Kirkland at the November meeting of the Saint John Chapter of the New Brunswick A.R.N. in the Nurses' Home, General Public Hospital. Attendance was good and the nurses very much appreciated this instructive address. A hearty vote of thanks was extended to Dr. Kirkland. Routine matters were dealt with in a business session, and a social hour followed in which delicious refreshments were served.

Miss Ada Burns is a patient in the General Public Hospital for surgical treatment. Her friends will be glad to

know that she is progressing favourably.

Miss E. J. Mitchell has resigned from the staff of the General Public Hospital. She has been matron of the hospital for a long period and will be greatly missed by all. Miss Mitchell's successor has not yet been appointed.

#### NOVA SCOTIA

Nursing Sister Laura Hubley (V.G.H.), who until recently has been on the staff of the Station Hospital, Halifax, has been transferred to the New Military Hospital, London, Ontario, and left for there this week. Miss Hubley has served as president, both in the Provincial and Halifax Branch of the Registered Nurses Association, and will be much missed in local nursing circles. During the past month many delightful social functions have been held in her honour, chief among which was a bridge given by Miss Flora Fraser, and a bridge and handkerchief shower by Miss A. E. Fenton. Mrs. Laurie Allison also entertained for Miss Hubley.

The Overseas Nurses' Club of Nova Scotia celebrated Armistice Day by a delightful dinner held at Ashburn Golf and Country Club. Covers were laid for twenty-seven guests. The banquet, which was later followed by a bridge, was a decided success. Miss K. McLatchey, matron of the Station Hospital, presided. During the evening telegrams were read from members who were unable to be present: among whom were Dr. Margaret Macdonald and Matron Pope.

Mrs. Reginald Melvin (nee Emma Thompson, V.G.H., 1916) is recovering from an operation at the Victoria General Hospital, Halifax.

Miss Elizabeth Miller (Newton Hospital, Newton, Mass.) has accepted a position with the V.O.N., Halifax. Miss Gertrude Mosher and Miss Maud Carter, Yarmouth Hospital, have also accepted positions on the V.O.N. staff, Halifax. Miss Carter was for the past two years night supervisor at the Yarmouth Hospital.

#### PRINCE EDWARD ISLAND

Examinations for registration of nurses were held recently throughout Prince Edward Island and the following nurses received certificates: Misses Isadora Galant, Margaret McDonald, Edna Green, Mary Lowther, Marion Andrews, Lina Acorn, Elsie Mutch, Beatrice Hooper, Catherine Dalziel, Ila Collett, Lois Hardy, Maria Stavert, Edna Murphy, Catherine Woolner, Annie McKenna, Annie L. LeBlanc, Mary McCormac, Sr. Philip Neri.

The many friends of Miss Bertha Mason, secretary of the Graduate Nurses



Association, will be pleased to hear she has recovered from her recent illness.

Miss Marion Vickerson, a graduate of the Prince Edward Island Hospital, Charlottetown, is taking the Public Health Course at the University of Toronto.

Misses Eva Murdock and Grace Bishop have returned to New Rochelle, N.Y., after spending a pleasant holiday at their homes in P.E.I. They were accompanied by Miss Edith McNeill, who will do private duty nursing in New York for the winter.

Miss E. Compton has resumed her duties in Dr. Sinden's office, Park Ave., New York, after spending her vacation in Charlottetown.

Miss Mair, superintendent of P.E.I. Hospital, and Miss Fannie Kemp, of the "Polyclinic," have returned to their respective duties, after spending a very pleasant holiday in New York and Montreal.

Miss Marion Andrews (P.E.I. Hospital, 1927) has accepted a position in The Women's Hospital, Montreal.

Miss Lena Acorn (P.E.I. Hospital, 1927) is on the nursing staff of the R. B. Brigham Hospital, Roxbury, Mass.

The members of the Graduate Nurses Association very much regret the prolonged illness of Miss Lily Davison and Miss Florence Bowen.

## QUEBEC MONTREAL

The members of the Montreal Graduate Nurses Association held their fourth bazaar on November 21st and 22nd at the Ritz-Carlton Hotel. The bazaar was opened at 3 o'clock by Her Excellency, Lady Willingdon, who was received by Miss L. Phillips, president; Dr. F. Shepherd, and Miss E. Welch, convener. Miss Molly Wright, the little daughter of one of the nurses, presented Her Excellency with a bouquet of American Beauty roses. Lady Willingdon then visited the various booths and wished the nurses great success. The booths were in charge of the different Alumnae of hospitals: Royal Victoria Hospital, miscellaneous; Montreal General Hospital, miscellaneous; Western Hospital, baby shop; Homoeopathic Hospital, pantry shelf; Children's Memorial Hospital, handkerchiefs and novelties; graduates not connected with any Alumnae in Montreal, the linen shop; McGill graduates, candy; Women's Hospital, fortune telling and a really wonderful hope chest, the contents of which had been donated, was raffled and over \$400 realized; the Public Health, beauty shop; a most popular feature; Overseas Sisters, a "floating old lady with a hundred pockets;" Lachine Hospital, houseie-houseie

game, which gave great amusement. The Boy Scouts band rendered music both evenings. The Tombola was a great drawing card and made over \$800.00. The Association is greatly indebted to the manager of the Ritz-Carlton Hotel, whose generosity, and that of his staff, made it possible for \$5,555.00 to be added to the Nurses' Club House fund.

### Western Hospital

Sincere and deep regret is felt by the members of the Association at the death of Miss Sarah E. Young, superintendent of the Montreal General Hospital Training School for Nurses. Miss Young took a great interest in the various activities of the Association and her loss will be genuinely mourned by all.

The annual bazaar and tea was held on Wednesday, December 7th, in the reception room of the Nurses' Residence of the Western Division of the Montreal General Hospital, and was very well attended by members and friends of the Association. The patronesses were: Mrs. J. C. Newman, Mrs. Wesley Bourne, Mrs. R. H. Craig, Mrs. Lorne Gilday, Mrs. C. C. Gurd, Mrs. F. B. Gurd, Mrs. R. Kerry, Mrs. Colin Ross, Mrs. J. A. Springle, Mrs. Wm. Reilly and Mrs. Bramley Moore. The conveners were as follows: General convener, Miss Byers; baby table, Mrs. Strickland; surprise package, Mrs. A. Barwick; homemade table, Miss M. Reyner; fancy work, Misses E. Payne and E. MacWhirter; candy, Miss N. Fletcher; tea, Miss B. Dyer; teacup reading, Miss C. Taylor. The sum of \$500 was realized.

Miss Violet Cross had taken a temporary position in the operating room of the Western Division of the Montreal General Hospital.

Mrs. Frank Murphy (Anne Scullion), who has been residing in Maine since her marriage, has returned to Montreal with Dr. Murphy and will reside here indefinitely.

### Women's Hospital

The Alumnae Association of the Women's Hospital, held their first meeting of the season in the Nurses' Home of the new building: the Women's General Hospital, 4039 Tupper St., Westmount. After the business meeting a reception was held in honour of Miss Isobel Thomson, who is leaving to reside in Vancouver. Miss Thomson has been one of the most popular and active members of the Alumnae and will be very much missed. She was presented with an overnight case as a small token of esteem from the members of the Association. Dr. Redely made the presentation and Dr. Burnett addressed the members.

### Montreal General Hospital

It is with deepest sorrow the Alumnae Association realizes the passing of another much-loved member in the person of Miss Sarah Edith Young, whose death has followed so closely that of Miss Shaw and Miss Livingston, making the third great loss the Association has sustained within the past six months. Miss Young was first vice-president of the Alumnae and will be greatly missed as she always took such a keen interest in the affairs of the Alumnae, and especially in the well-being of each and every member. Miss Livingston, Miss Shaw and Miss Young were three stars in the profession, and brought further honour to the Montreal General Hospital. Their attainments are a worthy goal and ambition for each member of the Alumnae in their lives and work.

The following changes have been made on the staff of the Montreal General Hospital: Miss Martha MacDonald, 1927, has succeeded Miss Keneham, 1927, as one of the night assistants; Misses Helen Stewart, 1925, Margaret Gibbs and Janey Hayes, 1927, are engaged in floor duty; Miss Carrie Forbes, 1927, has accepted a position on the staff of the Outdoor Department, succeeding Miss Loita Best, 1927, who has taken charge of Ward "L;" Miss Hazel Miller, who has previously had charge of the floor, including "L" and "M" wards, will hereafter only have charge of "M."

Miss Helen DesBrisay has opened a convalescent home on Marlowe Avenue, Notre Dame de Grace, P.Q.

Miss Jane Bradley, 1927, sailed recently for Paris, where she intends doing hospital nursing.

The members of the Alumnae extend sincere sympathy to Miss Jessie Winns, 1927, in the loss of her father.

Miss Marion Ives, 1924, has gone to Labrador to take charge of one of the hospitals in Dr. Grenfell's Mission.

At the Montreal Graduate Nurses Association Bazaar held at the Ritz-Carlton Hotel on November 21st and 22nd, the total amount cleared was \$5,555.00. The Alumnae booth, Miss Georgie Colley, convener, cleared over \$1,000.

Mr. Whitfield Aston was unable to deliver an address as planned for the October meeting of the Association, so instead a pleasant musical evening was spent with the Baroness Chevesy, Miss Edith Ritchie and Dr. Fitzgerald as entertainers. At the November meeting Dr. Eleanor Percival gave a very interesting paper on Radium, while Miss Cramp, of Montreal, at the December meeting favoured the members with an entertaining lecture on "Three Centuries of Italian Art."

### QUEBEC

The members of the Alumnae Association, Jeffery Hale's Hospital, are very pleased to hear that Miss C. E. Armour, lady superintendent of J.H.H., has recovered from her recent illness, and that Miss Mae E. Lunam, a member of the staff at the same hospital, is now convalescent.

On Armistice Day the Alumnae laid a wreath at the Cross of Sacrifice.

As a token of esteem and sympathy the members of the Alumnae sent a wreath of flowers to the family of Miss S. E. Young, of Quebec city, and late lady superintendent of Montreal General Hospital.

The following changes have occurred on the staff of the hospital: Miss Elizabeth Ford, 1912, has taken charge of the Douglas Wing; Miss F. Ascah, of Wards "D" and "K," and Miss Charlotte Kennedy, of Ward "O" (on the resignation of Miss Lenesty).

Miss Mary Buckley, 1926, is on duty at Shawinigan General Hospital at Shawinigan Falls, P.Q.

Miss Marion Seale, 1926, is doing industrial nursing at St. Anne Power and Paper Co., at Beupre, P.Q.

Miss Jennie Kennedy, 1921, is on duty for the Metropolitan Insurance Company in Quebec city.

Miss Gertrude Martin, 1925, won the scholarship and is attending the teachers' course, School for Graduate Nurses, McGill University, Montreal.

The marriage of Miss Edith Glass, 1918, will take place shortly.

### ONTARIO

A paragraph in the "Nursing Times" of November, 1927, will appeal to those districts of the Registered Nurses Association of Ontario and the alumnae associations within them, which are relying upon their married members for support and leadership.

"When a nurse gives up the active practice of her profession for marriage, or for any other reason, her experience of human nature and social conditions, are, too often, almost completely lost to the world outside her home. Yet experience of this kind is of the greatest value in such matters as housing, maternity and child welfare, and education, and indeed almost every department of public work, in which we should like to see ex-nurses taking a much greater share. We therefore congratulate Mrs. Stuart Shaw, the new mayor of Lichfield, who has accepted the office 'because, for the sake of the women she left, she had no right to refuse.' Mrs. Shaw is the wife of a local doctor, and was trained at the Edinburgh Infirmary."



The Red Cross Outpost Hospitals are a growing influence in the life of the province. The hospitals and nurses in charge now established are:—Apsley, Miss M. Taylor; Bancroft, Miss Marjorie Gall; Dryden, Miss E. MacEachren; Englehart, Miss Jessie Empey; Haileybury, Miss Dorothy Powers; Hornepayne, Miss Mary Sanderson\*; Kirkland Lake, Miss Nita Rathbun\*; Loring, Miss Grace Wilshire; Lion's Head, Miss Ida Brand; Nakina, Miss Myrtle Scott; Lady Minto Hospital, New Liskeard, Miss Agatha Gamble; Quibell, Miss Lucy Peters\*; Richard's Landing, St. Joseph's Island, Miss Margaret Reid; Rainy River, Miss Barbara Easton; Thessalon, Miss Annie Nelson; Whitney, Miss Myra Rice\*; Wilberforce, Miss E. Knaggs; Nululu, Miss Katharine MacKinnon; Nipissing District, Miss Elsie Roper\*.

\*Qualified public health nurse.

#### DISTRICT 1

Miss M. Duffield, nurse in charge of the Victorian Order of Nurses, London, Ontario, has been transferred to the Vancouver district.

Miss Mary Shore has resigned from the Belleville district of the Victorian Order of Nurses to accept the position of superintendent of a missionary hospital on the Six Nations Reserve, near Brantford, Ontario.

#### DISTRICT 4

Miss Bernice Taylor has left Brockville and is with the Hamilton district of the Victorian Order of Nurses.

#### DISTRICT 7

Miss Louise Hendry has succeeded Miss Taylor in the Brockville district of the Victorian Order of Nurses.

#### DISTRICT 5

##### Toronto

A meeting of District 5 of the Registered Nurses Association of Ontario was held on Saturday, October 29, at the Ontario Hospital, Whitby. Over 100 members were present as well as representatives from Brazil, France, Roumania and Jugoslavia. A tour of inspection of the hospital was made and supper was then served in one of the attractive patients' dining-rooms. The meeting proper, which was held in the spacious recreation room, was addressed by Dr. George Stevenson, the new superintendent of the hospital. He spoke on trends in the treatment of mental conditions, tracing the development of the treatment from the early ages up to the present decade, with its well-built and well-equipped hospital replacing the "asylums" of the past centuries. He laid stress on the important part the nurse must play in the treatment of the patients and urged that more training in the care of such patients be included in each nurse's training. He

emphasized the responsibility of the mental hospital not only for those within its walls but for the community as a whole. Follow-up for all discharged cases, and out-patient clinics should be established in order that the hospital may offer to the community a well-rounded service.

On October 27th the Department of Social Service of the University of Toronto entertained an interesting guest in the person of Countess Biondi, who was en route for Genoa, where she expects to help initiate training for public health nurses and social workers under the Fascisti régime. The programme planned for her included visits to the Neighbourhood Workers' Association, the Social Service Exchange, the Department of Public Health of the University, and the Division of Public Health Nursing of the city. Considerable time was spent in the St. Clair District of the N.W.A. studying the co-operation between health and social workers. The countess speaks English fluently and was an exceedingly charming and interesting guest.

Miss Gladys Bastedo has resigned from the Nursing Division of the Department of Public Health, Toronto, to accept a position with the Canadian National Committee for Mental Hygiene. She has been assigned to the staff of the Toronto Research Division of the Committee and will assist in the study of children's behaviour now being carried on at Regal Road School. A year ago Miss Bastedo spent four months studying under Dr. Esther L. Richards at Phipps Clinic, Johns Hopkins Hospital, Baltimore.

Miss Hilda Volman has left North Bay to take charge of the newly opened district of the Victorian Order of Nurses at East York.

**Toronto General Hospital:** The regular monthly meeting of the Alumnae Association was held in the Nurses' Residence on December 7th. After the reports of the various committees had been received and the other business of the meeting dealt with, Miss Jean Browne read a most interesting and helpful paper on "Parliamentary Procedure," which was greatly appreciated by the members. The evening was brought to a close by the serving of refreshments.

Arrangements are being made to hold the Alumnae dance in Jenkins' Art Gallery on February 10th instead of February 14th, as previously announced.

Misses Betty McKague, 1924, Connie Leonard, 1925, Mae Wilson, 1924, and Amy Ruse, 1923, have joined the staff of the Rockefeller Hospital, New York.

Miss Gladys Reed, 1923, who has been in

Whitney Red Cross Hospital, has gone to Pasadena, California, for the winter.

Miss Vivian Lane, 1922, has returned to Detroit where she is doing floor duty at the Ford Hospital.

Miss Alice Nicholls, 1922, is in charge of the delivery room at the Women's Hospital, Cleveland, Ohio.

Miss Emma McKinnon, 1918, has accepted a position with the Social Service Department of the Toronto General Hospital.

Miss Charlotte Gardiner, 1922, and Miss Josephine Dickie, 1923, have returned from a six months' trip abroad and are at present in New York.

Miss Gladys Dauphin, 1918, is doing industrial nursing with the Harris Abattoir Co., Toronto.

Miss Dorothy Wright, 1921, is engaged in Child Welfare work in Winnipeg, Man.

Miss Nita Rathbun, 1922, who is in charge of the Red Cross Hospital at Kirkland Lake, is taking a short course in x-ray work in Toronto.

On November 18th graduates of the Toronto General Hospital who are at present in New York held a most enjoyable reunion which took the form of a tea. Those present were: Misses Helen Forgie, 1920, Helen Barnett, 1921, Muriel Berry, Helena Gunn, Beatrice Surder, Charlotte Gardiner, 1922, Dorothy Otton, Josephine Dickie, Astrid Anderson, 1923, Ruth Young, Georgina Howell, Eleanor Wheler, Barbara Kennedy, 1924, Morna Wallbridge, 1925, Ruth Carhart, 1926.

The annual tea and sale of work organized by the Occupational Therapy Department of the Toronto General Hospital was held in the Nurses' Residence on the afternoon of November 22nd. The display was in charge of the Misses Amy Des Brisav and Elsie Jacks, who are the instructors in this work. The handicraft was particularly attractive and included leather work in pleasing designs, embroidered wool bags, purses and handbags, fancy work, pretty lampshades and many other distinctive gift suggestions.

**Hospital for Sick Children:** Miss Reta Sutcliffe, 1917, has accepted the position of assistant to Miss Jackson in the local Victorian Order of Nurses at Ottawa.

Miss Ann Ingham, 1921, left in October for an extended trip abroad. Before leaving she was entertained by her classmates at a luncheon at the Casa Loma.

Miss Marion Ruddock, 1915, will spend the winter in California.

Miss Jessie Murdoch has accepted the position of welfare nurse with the T. Eaton Co., Toronto.

**St. Michael's Hospital:** Miss Katherine Clarkson, 1915, is a recent appointee to

the staff of the operating room at St. Michael's Hospital.

Miss Mary Robinson, 1926, has been appointed to the position of public health nurse at Oakville, Ontario. Miss Robinson is a graduate of this year's class in Public Health Nursing, University of Toronto.

An event of great interest to all graduates of St. Michael's Hospital Training School was the celebration on November 21st, 1927, of the fiftieth anniversary of Sr. M. de Sales in the Community of St. Joseph. Solemn high mass was celebrated at St. Joseph's Convent by Monseigneur Hand at which the clergy of the diocese of Toronto were largely represented. Later in the day Sr. de Sales was entertained at the hospital and was the recipient of many lovely gifts from her numerous friends. The Alumnae extended their hearty congratulations in the form of a gift of gold to one who is very dear to all members.

#### DISTRICT 8

**Belleville General Hospital:** Mrs. Cook (Bertha Goodwin) has just returned from England after spending several months with relatives.

Her many friends will be glad to learn that Miss Cockburn is able to resume her duties at the General Hospital after her recent operation.

Miss L. Davidson is taking a special course in Macdonald College, Guelph.

The sincere sympathy of the members of the Alumnae Association is extended to Miss Hilda Collier in the loss of her mother.

Miss Flossie Hannah is able to resume private duty nursing after an extended holiday owing to her health.

Miss Hull has returned from Lakefield, where she spent an extended holiday with her mother.

Miss Florence Fitzgerald has resigned her position with the Victorian Order of Nurses in Belleville.

We are pleased to hear that Miss M. Tait, former superintendent of the General Hospital, Belleville, has improved in health, and glad to know that she has accepted the position of superintendent at the General Hospital, Galt.

Miss R. Alford, who underwent an operation in the Belleville General Hospital recently, is progressing favourably.

Miss Cronk, night supervisor, Belleville General Hospital, had a very pleasant trip down east, spending her vacation with her father and sister.

Miss Bowen is in the Belleville General Hospital, having undergone an operation recently.

Miss H. Mastin has returned to Belleville and will take up private duty nursing.



**Toronto Overseas Nurses' Club:** A largely attended meeting of the Overseas Nurses Club of Toronto was held by the kind permission of Matron Hartley at the residence, Christie Street Hospital, on Friday evening, November 25th, with the president, Mrs. D. E. Robertson, in the chair. After the minutes of the preceding meeting had been read and adopted, the reports for the year were read. Activities included the laying of flowers on the cenotaph on Armistice Day, the presentation of flowers to the sick sisters, and the annual dinner. After a good deal of discussion it was decided that the club should meet more often during the winter months. This decision was very enthusiastically received and it was decided to hold a social meeting every second month, the date to be arranged by the executive. The election of officers for 1928 resulted as follows: Hon. president, Matron-in-Chief Macdonald; hon. vice-presidents, Miss Edith Campbell and Miss Hartley; president, Miss Maude Wilkinson; vice-president, Mrs. Ross Jamieson; corresponding secretary, Mrs. Ross Craig; secretary, Miss E. Drysdale; treasurer, Miss Agnes McIlwraith; executive, Misses Austin, Pat Tuckett, Cryderman, C. M. Graham, Whitlam, and Mesdames Hewitt, Bartholomew, Duncan, Jack, Bell, Ronaldson, Givens.

N/S Winnifred Godard is returning from China on a year's leave, coming via India and the Mediterranean. She expects to travel in Europe and also to attend Yale School of Nursing next summer.

Mrs. Mackenzie (N/S Isabel Lord) has returned to Shanghai on duty.

On November 7th, 1927, there passed away at the Queen Alexandra Sanatorium, London, Ont., Nursing-Sister Christina Stewart. Miss Stewart served with the Nursing Service of the Canadian Army Medical Corps during the war at Malta, Egypt, and the Dardanelles. She was a graduate of the Winnipeg General Hospital, class 1916. Interment took place at Miss Stewart's home, Almonte, Ontario.

#### CANADIAN NURSES ASSOCIATION

The biennial meeting of the Canadian Nurses Association will be held from July 3rd to 7th, 1928, in Winnipeg, Manitoba. It is expected that progress reports from the Programme and Arrangements Committees will be available for publication next month.

Federated Associations are reminded that returns for nomination of officers, and payment of affiliation fees should reach the National Office, 511 Boyd Building, Winnipeg, Manitoba, not later than January 31st, 1928.

#### QUEBEC AND MANITOBA

The annual meeting of the Association of Registered Nurses for the province of Quebec will be held on January 30th and 31st, 1928, in Montreal.

The annual meeting of the Manitoba Association of Graduate Nurses will be held on January 26th and 27th, 1928, in Winnipeg.

Members of these provincial associations should see that they are in good standing and plan to attend all sessions of their respective meetings.

#### BIRTHS, MARRIAGES AND DEATHS

##### BIRTHS

**ANDERSON**—In May, 1927, to Dr. and Mrs. Anderson (Sadie Brockbank, Belleville General Hospital, 1924), a son.

**BLACK**—Recently, at Darlington, England, to Mr. and Mrs. Black (Francesca MacNeil, Montreal General Hospital, 1922), a daughter (Shirley Ann Frances).

**COLLIER**—In November, in Toronto, to Mr. and Mrs. Collier (N/S Bea Davidson), a daughter.

**CROZIER**—Recently, to Mr. and Mrs. William Crozier (nee Howard), a daughter.

**DEWAR**—On October 15th, 1927, to Mr. and Mrs. George Dewar (Jennie Kielby, Royal Victoria Hospital, Montreal), a daughter (Helen Kielly).

**DYE**—In November, to Mr. and Mrs. Harold Dye (Jessie Pinshin, Hospital for Sick Children, Toronto, 1921), a son.

**FORBES**—On September 16th, 1927, to Mr. and Mrs. John Forbes (Agnes Edgar, Stratford General Hospital, 1923), a son.

**GILLESPIE**—On November 17th, 1927, to Mr. and Mrs. E. L. Gillespie (Mary Middleton, General Hospital, Medicine Hat, 1921), a son.

**MILLSON**—On September 22nd, 1927, at St. Mary's, Ont., to Mr. and Mrs. W. G. Millson (Tena Rumble, Stratford General Hospital, 1924), a son.

**MOLLETT**—In September, 1927, at Allenford, Ont., to Mr. and Mrs. Chester Mollett (Doris Hearn, General and Marine Hospital, Owen Sound, Ont., 1924), a son.

**MUSTARD**—In October, to Mr. and Mrs. Alan Mustard (Jean Oldham, Hospital for Sick Children, Toronto, 1919), a son (James Fraser).

**McNALLY**—On October 29th, 1927, at Owen Sound, Ont., to Mr. and Mrs. Elmer McNally (Eva Rahn, General and Marine Hospital, Owen Sound, 1924), a daughter (Lenore Adelong).

**PROUDE**—On October 1st, 1927, at Charlottetown, P.E.I., to Mr. and Mrs. P. J. Proude (Winnifred McLean, P.E.I. Hospital, Charlottetown, 1922), a son.

PUTMAN—On November 22nd, 1927, at Montreal, to Mr. and Mrs. H. Putman (Sue Scott, Montreal General Hospital), a daughter.

STERNs—On October 24th, 1927, at Uigg, P.E.I., to Mr. and Mrs. Edison Sterns (Florence McKinnon, Moncton Hospital, N.B.), a son.

WALLACE—On November 15th, to Mr. and Mrs. Wallace (Doris Hammond, Hospital for Sick Children, Toronto, 1924), a daughter.

WILLOUGHBY—On November 29th, 1927, at Napanee, to Dr. and Mrs. J. D. Willoughby (N/S Florrie McCallum), a son.

### MARRIAGES

ADAMS—BABCOCK—In April, 1927, Orpha Babcock (Belleville General Hospital, 1924) to John Adams, of Dunsville, Ont.

BURDEN—FEAR—Recently, at Springhill, Nova Scotia, Beatrice Fear (General Public Hospital, 1924) to James Burden. Mr. and Mrs. Burden will reside in Sydney, N.S.

CORRIGAN—RIDDLE—On October 26th, 1927, at Kirkwall, Ont., N/S Margaret Jane Riddle, R.R.C., to Dr. Matthew Poole Corrigan, of Strathroy, Ont. At home—Tara Hall, Strathroy, Ont.

DAKIN—HOYT—On November 12th, 1927, at Portsmouth, New Hampshire, U.S.A., Maida I. Hoyt (formerly night supervisor General Public Hospital, Saint John, N.B.) to Blair Dakin. Mr. and Mrs. Dakin will reside in Portland, Maine.

DOUGAL—JOHNSON—On October 28th, at Nanaimo, B.C., Euphemia Johnson (St. Joseph's Hospital, Victoria, B.C., 1912) to T. M. Dougal. At home—Cheminus, B.C.

DOUGLAS—WRIGHT—On May 8th, 1927, at Saint John, N.B., Mabel Wright (P.E.I. Hospital, Charlottetown, 1922) to J. L. Douglas, of Charlottetown.

FULLERTON—HIGGINS—On November 17th, 1927, at Saint John, N.B., Christian Higgins (General Public Hospital, Saint John, 1923) to Burgess Fullerton. At home—West Saint John.

HAINSLEY—GAUNCE—On December 2nd, 1927, Lottie Gaunce (Calgary General Hospital, 1923) to Roy Hainsley, of Empress, Alta.

HANLEY—BAWDEN—On November 26th, at Ridgeway, Ont., Ruth B. Bawden (Toronto General Hospital, 1918) to Dr. James Hanley. Dr. and Mrs. Hanley will reside in Lawrence Park, Toronto.

HOOD—SPADEMAN—On September 15th, 1927, Miriam Spademan (Women's College Hospital, Toronto) to Joseph Hood, of Toronto.

PARKER—GRANT—Recently, at North Bay, Ont., Beatrice Grant (Toronto General Hospital, 1922) to Joseph Parker.

GIBB—JEFFARES—On November 19th, 1927, in St. John's Church, Victoria, B.C., Isabel Marie Jeffares (Winnipeg General Hospital) to John Gibb, Duncan, Vancouver Island.

McINTOSH—COULTER—In September, 1927, Ruth E. Coulter, Belleville General Hospital, 1925) to James McIntosh.

McLEOD—MURCHISON—On August 17th, 1927, at Saint John, N.B., Grace Murchison (P.E.I. Hospital, Charlottetown, 1925) to the Rev. A. A. McLeod, Charlottetown.

JOHNSON—WETMORE—On September 15th, 1927, in St. James United Church, Montreal, A. Grace Wetmore (Montreal General Hospital, 1927), of Bloomfield Station, N.B., to Ralph S. Johnson, of Atlantic City.

McMILLAN—SANGSTER—In November, 1927, at San Francisco, California, Alice Maude Sangster (St. Joseph's Hospital, Victoria, B.C., 1927) to Mr. Norman McMillan, of Victoria. At home—San Francisco.

RAYMOND—SHUTTLEWORTH—On September 10th, 1927, Mary Shuttleworth (Hospital for Sick Children, Toronto, 1925) to C. Raymond.

ROY—MERRETT—In September, 1927, at Waterloo, Ont., Hilda F. Merrett (Hamilton General Hospital, 1925) to Stuart W. Roy, of Hamilton.

WEESE—BRADSHAW—In June, 1927, Olive Bradshaw (Belleville General Hospital, 1923) to Harold Weese.

### DEATHS

HALIBURTON—In April, 1927, at Bonne Bay, Newfoundland, E. Haliburton (Jeffery Hale's Hospital, 1921).

HODGE—On October 7th, 1927, in Toronto, Elinor A. Hodge (Women's College Hospital, Toronto).

KNEESHAW—On November 17th, 1927, at Toronto, Florence R. W. Kneeshaw (Toronto General Hospital, 1926), daughter of Mrs. L. Kneeshaw, of Toronto.

STEWART—On November 7th, 1927, at Queen Alexandra Sanatorium, London, Ont., N/S Christina Stewart (Winnipeg General Hospital, 1916).

TRIMBLE—Recently, at Moose Jaw, Sask., Mrs. H. B. Trimble (Annie May Brooks, Brandon General Hospital, 1894).

YOUNG—On December 4th, 1927, in Montreal, Sarah Edith Young (Montreal General Hospital, 1900), superintendent of nurses, Montreal General Hospital.



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The official organ of the Canadian Nurses Association, owners, editors and managers. Published monthly at the National Office, Canadian Nurses Association, 511 Boyd Building, Winnipeg, Man.

Editor and Business Manager: **JEAN S. WILSON, Reg.N.**

Subscriptions \$2.00 a year; single copies 20 cents. Club rates: Thirty or more subscriptions \$1.75 each, if names, addresses and money are sent in at one time by one member of a federated association. Combined annual subscription with The American Journal of Nursing \$4.75. All cheques or money orders to be made payable to The Canadian Nurse. Changes of address should reach the office by the 20th of each month. In sending in changes of address, both the new and old address should be given. News items should be received at the office by the 12th of each month. Advertising rates and data furnished on request. All correspondence to be addressed to 511 Boyd Building, Winnipeg, Man.

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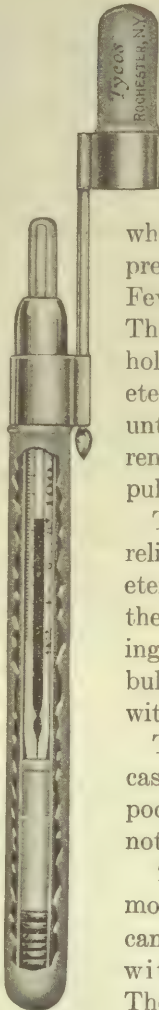
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Vol. XXIV.	WINNIPEG, MAN., FEBRUARY, 1928	No. 2
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Registered at Ottawa, Canada, as second-class matter  
Entered as second-class matter March 19th, 1905, at the Post Office, Buffalo, N.Y., under the Act of Congress, March 3rd, 1897  
Editor and Business Manager:—  
JEAN S. WILSON, Reg. N., 511 Boyd Building, Winnipeg, Man.

## FEBRUARY, 1928

### CONTENTS

	PAGE
HEALTH EDUCATION IN A TEACHERS' TRAINING SCHOOL - <i>Marion Lindeburgh</i>	59
EDITORIALS - - - - -	62
INCEPTION AND DEVELOPMENT OF THE GRADUATE NURSES ASSOCIATION OF ONTARIO - - - - - <i>Julia Stewart</i>	64
THE PROVINCIAL PROGRAMME FOR INFANT CARE: PART II - <i>Anna E. Wells</i>	72
HOSPITAL MANAGEMENT - - - - - <i>Sister M. Immaculata</i>	78
THE HASTINGS SCHOLARSHIPS IN PUBLIC HEALTH - - - - -	81
DEPARTMENT OF NURSING EDUCATION: A COURSE IN OBSTETRICS FOR STUDENT NURSES - - - - -	82
DEPARTMENT OF PRIVATE DUTY NURSING: AN EPIDEMIC OF ROSEOLA INFANTUM - - - - - <i>Dr. H. B. Cushing</i>	86
DEPARTMENT OF PUBLIC HEALTH NURSING: THE ADVANTAGES AND DISADVANTAGES OF STANDARDIZING TECHNIQUE FROM THE VIEWPOINT OF THE PUBLIC HEALTH NURSE - - - - - <i>Elizabeth L. Smellie</i>	88
NEWS NOTES - - - - -	92
OFFICIAL DIRECTORY - - - - -	101

# Health Education in a Teachers' Training School

By MARION LINDEBURGH,

Instructor, Health Education, Provincial Normal School, Regina, Sask.

Within the last few years many changes have taken place in the scope and character of nursing activities.

The demand is increasing for nursing service in educational work. For some time nurses have taken charge of sick students attending educational institutions, but this work was practically confined to bedside care.

The recent development of nursing service in teachers' training schools is an interesting example of progress in this particular field and this development is an indication of the new conception of health work growing up in our educational institutions.

It is but recently that educators have realized that the physical, mental and moral nature of a child is represented in almost every conscious act, and that interdependence of mind and body cannot be ignored. Therefore, it is being realized that health should be taught in the schools, that it should be placed on the school curriculum and so enlarge and strengthen a fuller education. As time goes on, there will be an accumulative effect, which will become manifest in a distinct improvement in the standard of well being in human living.

Granted, then, that health preservation is essentially an educational problem, we look to the normal school to prepare its students to efficiently teach the subject.

It is to this work in the normal school that the nurse is called.

Professional training, as secured in a nurses' training school, does not in itself prepare the nurse for health teaching. Her training should be supplemented by further educational study, thus giving her an understanding of educational psychology and the general pedagogical principles relating to teaching—with special application to the subject that she is to teach.

A normal school health programme is of considerable detail.

The chief objective is to establish in the student teacher health ideals and an appreciation of wholesome living. Unless the teacher has the right spirit and unless she feels that health is fundamental to successful living, the measurement of results will be small.

Enthusiasm for health, based on scientific knowledge, a favourable attitude, and healthful habits of living must first be in the teacher, before they can get into the lives of children. It indeed requires the efforts of an expert to accomplish this end.

Perhaps the first step in terms of accomplishment relates to the personal health of the student teachers. The initial concern is not teaching them how to teach health, but teaching them how to control their own health; and this in turn is the first step in securing interest, and establishing attitude towards the subject that they are expected to teach.

One cannot over emphasize the educational significance of the individual health examination that each



student receives at the beginning of the normal school course, and the service of conference consultation and advice that inevitably grows out of this activity.

This examination is not solely or primarily a matter of discovering defects. It is rather the first step in establishing the right relationship between the examiner and the student, whereby the student may return for further conference and advice, in accordance with individual needs. Because health education involves much more than those factors relating to physical improvement, this examination is quite as much concerned with determining habits and various tendencies as it is in discovering remediable physical disabilities—for which correction is recommended.

The regular weighing of the students and the keeping of weight graphs can be strongly recommended as one method of stimulating interest and strengthening practice in those laws of living that should receive more regard, and which will manifest themselves in gain and weight.

"Physical Defects" as discovered through the health examination should be systematically recorded and advice should be given as to the correction of the same within a reasonable time. Such corrections deserve creditable mention in the report that should form a part of the professional efficiency records.

It might be stated at this point that the nurse has further opportunity of coming in contact with the students, by rendering incidental service, through administering first aid treatment to need cases, during the school day and through visitations to the homes of ill students. In order that the last mentioned service may be efficiently rendered, the nurse should be informed as to reasons for absence in order that she may communicate as soon as is possible with ill students.

The second consideration of a

normal school health programme relates to environment. The conditions of living in the training institutions should be wholesome. Facilities should be provided for hygienic practice and healthful activities, and particular attention should be directed to proper ventilation, correct and sufficient illumination and general cleanliness throughout.

The environment of the training school and equipment should be an example of those classroom essentials that are considered necessary for the health of school children, and all activities planned for the health of the student teachers also serve as a concrete and practical demonstration of similar activities as applied to children.

Due to the fact, then, that healthful surroundings are an outstanding consideration of a school health programme, the nurse may have supervision of janitor work and through constant observation of conditions may make recommendations regarding improvements at appropriate times.

Because health education is becoming a compulsory subject in the public and high schools, and because a pedagogical training is as necessary for the teaching of health as it is for the teaching of other subjects in the school curriculum, the student teacher must be trained in this subject, and the normal school nurse with her pedagogical training and teaching experience accepts this new responsibility of class room instruction.

The instructor must first of all determine the extent of the student's knowledge and understanding of health. Scientific knowledge which in turn will be transformed into purposeful subject matter, to be used according to the mental age of the pupils, must form the basis of work. A reading course should be recommended, to give the student teachers a scientific foundation: and to this end, it is necessary to provide

the library with the latest and most widely accepted material.

Because of the new view point in regard to hygiene and health, it is most essential that teachers in training abandon the "old" and take on the "new." There is no more significant development in our modern programme of education than that which relates to health; and although it is still in its experimental and plastic stage, it is making rapid progress in terms of subject matter and presentation.

A few years ago "hygiene" as presented in our schools, was nothing more than a collection of anatomical and physiological facts. To-day we are in the flood of a wholesale reaction against such teaching of unimportant and disconnected facts. Such knowledge has been replaced by a more useful study of the principles of healthful living and their practical application to life. Such study together with a knowledge of the physiological and scientific basis for the laws of health, should develop an appreciation of all needs relating to personal and social health welfare.

"Hygiene" or "Health" can never be a subject merely to be learned: it is useful only as it is lived. It is health ideals and health practice that will carry the issue through to success; and be it known that health habits are formed just in the same way as are other habits and in relation to the same laws of learning.

A normal school course should present a selection of health problems, relating not only to the physical, but to the mental and moral

aspects of life. General and specific health situations should be cited. Then suitable subject matter selected whereby these situations can be interpreted and made clear in terms of proper practice. Students must have a full appreciation of the fact that lesson topics must be in relation to actual life situations, through which desirable health conduct must be secured; and secondly, that interpretations must be in relation to the child's psychological age. Is not this the fundamental framework of a health curriculum?

In order that such a curriculum can be developed, it is necessary that students be given type lesson plans, involving the various methods of presentation suitable to different grades. Class-room demonstration, with actual children, is valuable in fixing such procedures. And finally, students should be given ample opportunity for "practice teaching," supplemented by class-room criticism.

The course can be strengthened by undertaking certain projects, suitable to various age groups, and by advocating and demonstrating correlations with other subjects. The use of health posters, stories, jingles and scrap-books have stood the test since the beginning as interesting methods of presentation and application in primary work.

In conclusion, it may be stated that in so far as "Health Education" established in normal school will carry over and function in the life of the child, and is manifested in wholesome and happy surroundings, can success in health teaching be estimated.

### THINGS OF BEAUTY

I love all beauteous things,  
I seek and adore them;  
God hath no better praise,  
And man in his hasty days  
Is honored for them.

I too will something make  
And joy in the making;  
Although tomorrow it seem  
Like empty words of a dream  
Remembered on waking.

—Robert Bridges.



## Editorials

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### HEALTH TEACHERS

For those who have followed with interest the development of health work among school children during the past ten years, the Health Education Section of the recent World Federation of Education must have been of the utmost significance: not only because of the nature of the programme itself but more particularly because of the personnel of the delegates attending the sessions. The school doctors, nurses and health supervisors whom one would expect were there, but they were not in the majority. In greater numbers were the educationists—grade teachers, high school teachers, school principals, superintendents and public instruction supervisors, all intent upon securing means and methods of attacking the problem of health instruction in a manner which would be productive of the greatest results in improved child health. Surely the fact of their attendance alone is indicative of their estimate of the place of health in education. One is indeed sometimes inclined to believe that the educationist today realizes the possibilities of health education in schools to a greater degree than do health workers themselves. Only those who are very close to it really comprehend the enormous contribution to public health which is being made by the great army of teachers in the schools. Unfortunately there are few spectacular features to commend it to public notice.

The well-worn controversy as to who shall teach health in the school has evidently been decided: at least it was not mentioned at the Education Conference. The class-room teacher in all countries has apparent-

ly assumed the responsibility. When we pause to consider her greater knowledge of psychology and pedagogy, her opportunity for intimate daily contact with the child and her appreciation of the whole curriculum into which health as a subject is to be fitted, we can not for a moment question the superiority of her fitness for the task.

The realization by teacher-training institutions of both responsibility and opportunity in preparing teachers for health work is undoubtedly the dominant feature of its success, and one is impressed with the frequency with which it is emphasized. Until within the past decade provision for health instruction for teachers was almost unknown in either university or normal school, but today it is found in over one hundred such institutions in the United States alone. Canada, too, is making steady progress, with the trained public health nurse-teacher recognized in several provinces as a valued full-time member of the teaching faculty of the normal school. China, Porto Rico and Hungary report efforts quite similar and with equally encouraging results. Such a course for teachers is essentially practical and is based entirely upon the health needs of the different age groups in the type of community to be served. The more practical the instruction given, just so much more favourable will be the reaction in the lives of the children. The influence on the health practice of the student teacher, translated later into health example in the school, is not the least of the results of this course.

One speaker raised the question of the possibility of utilizing the chil-

dren in this health promotion campaign. This is exactly the point where the health instruction of today parts company with that of a previous age. "What we know children do rather than what we think children know" has been rather aptly expressed as the new aim, contrasting it thus with the former text book type concerned only with the imparting of information. Any school health programme worthy of the name strives above all else to secure the active participation of children. Since the gauge of success is improved personal practice and established ideals, a modern school health programme could not function without the child as the chief factor. The Junior Red Cross, for instance, which is making an outstanding contribution to this work, emphasizes particularly health work for children by children. The impetus which it brings to action through the appeal to the child himself and to his instinct for self-activity working through the regular health instruction of the school, is considered by many trained observers to be the basis of the value of this fine voluntary organization to public health work.

Since the possibility of practical results from health instruction in the schools has been unquestionably demonstrated, the school turns today more than ever before to the trained public health worker, both doctor and nurse, for scientific information, for personal leadership, for supervision and inspiration. The future stability and intelligent functioning of the programme will be determined by the co-operation available of all who are concerned with the health welfare of children.

## THE HASTINGS SCHOLARSHIPS

The Hastings Scholarships in Public Health, founded in honour of Dr. Charles J. O. Hastings, for many years Medical Officer of Health for the City of Toronto, are a fitting tribute to a man who has laboured ceaselessly for the development of public health work.

At the outset of his career as a Medical Officer of Health Dr. Hastings stated that the public health nurse is an essential factor in the public health movement. Steadily through the years he has supported the efforts of the hospital schools to interest their students and graduates in this new responsibility of our profession. When the time came for the establishment of a Department of Public Health Nursing in the University of Toronto he advocated its establishment before the Senate, of which he is a member. His Department has been available as a practice field for medical and nurse students.

Dr. Hastings' support of the public health nurses of his own Department, his sound principles of staff administration and his high ideals of service to the community, have won the affection and respect of the public health nurses associated with him. The importance of his contribution to the development of modern nursing is recognized—not by Canadians only, but by those pioneers in all parts of the world where this new field of preventive work is rapidly developing.

Canadian nurses will welcome the opportunity to acknowledge their indebtedness to this really great pioneer in public health administration and to continue his work throughout Canada by securing contributions to the scholarship fund which will carry his name.

Announcement of the founding of the Hastings Scholarships may be found on page 81 in this number of *The Canadian Nurse*.



## *The Inception and Development of the Graduate Nurses Association, Ontario, 1904-1926*

By JULIA STEWART, Toronto

To the nurses of Great Britain must be accorded the honour of having been first to recognize the need for the organization of the profession in order to bring about certain changes, not only in the training schools, but in the conditions which surrounded the carrying on of their work outside the hospitals.

In the early eighties Mrs. Bedford Fenwick, of London, England, formulated her ideas for a plan by which the affairs of nurses could be controlled by a central governing body composed of a majority of nurses to be appointed by the State, by which educational standards could be established and the registration of all qualified nurses brought about. In 1887 the British Nurses' Association was formed, with the following objects:—

1. To unite all qualified nurses in the membership of a recognized profession.
2. To provide for their registration on terms satisfactory to the physicians and surgeons as evidence of their having received systematic training.
3. To associate them for mutual help and benefit, and for the advancement of the profession.

Some years later this movement spread to the United States, in which country organization proceeded along alumnae lines until 1896, when by federating the alumnae associations of the various training schools a national body was formed. The leaders of the nursing profession in Canada, being most of them either British or American trained women, naturally were in touch with developments along these lines in both countries, and in 1894, Miss M. A. Snively, superintendent of the Training School of the Toronto General Hospital, was instrumental in founding

the first alumnae association in Ontario.

In 1901 there was held in Buffalo a congress of the International Council of Nurses, formed a few years previously, at which were present leaders in the profession from all over the world, to discuss nursing problems, formulate plans for the betterment of standards, the securing of legal status for nurses, and the right to regulate their own affairs. There were present the women who in England had inaugurated the movement for organization thirteen or fourteen years before, and who carried on for many long and strenuous years after that the bitter fight for registration for British nurses. Amongst these were: Mrs. Bedford Fenwick, Miss Isla Stewart, Miss Catherine Wood and Miss Mollett. There were also the prominent women in the profession in the United States: Mrs. Hampton Robb, Miss Nutting, Miss L. L. Dock, Miss Palmer, Miss Damer and many others whose names were known the world over wherever training schools for nurses existed. There were the leaders in the profession from Canada: Miss Snively, Miss Brent and Miss Livingston, as well as representatives from Australia, New Zealand, India, France, Italy, Holland and Germany. Along with these great ones of the earth, there were a number of private duty nurses from Toronto who returned to their respective schools full of the enthusiasm to be found in such a great gathering, and having seen a vision of what organization might accomplish for their chosen profession, determined to work to that end.

Up to this time little or no interest had been shown in Ontario in organization, even along alumnae lines. The next three years saw a great

change in this respect, all the larger schools and many smaller ones forming alumnae groups. To the late Mrs. Arthur Paffard, a graduate of 1894 of the Toronto General Training School, is largely due the credit for this. Although she married soon after graduation her interest in all that pertained to nursing was still maintained, and to her work at this time we owe the provincial organization. She wrote to the superintendent of every training school in the province on the subject of registration, urging alumnae organization as a necessary preliminary step, and asking for a list of graduates to whom she also wrote. I would ask you to remember that these were not typed or multigraphed letters signed with a rubber stamp, but personal letters in long hand, and carrying with them something of the personality and enthusiasm of the writer. Perhaps only those in close touch with the work at this time can fully realize the amount of effort involved in laying the foundations of the G.N.A.O., as you have known it in later years. Why should one who was no longer in the profession have been so keen on this? I think that of Mrs. Paffard, Price Collier's words may be used fittingly:—

"Aristocrats are the same everywhere, whether they have titles or whether they have none,

They are those who believe they owe their best to God and man—and they serve."

The result of this preliminary work was so satisfactory that in 1904 it was felt that provincial organization might be proceeded with. A meeting was accordingly called on April 2nd, 1904, and the Graduate Nurses Association of Ontario formed, with Miss E. Campbell Gordon, superintendent of nurses, Kingston General Hospital, president; Miss Charlotte Eastwood, district superintendent of V.O.N., Toronto, and Miss Louise C. Brent, superintendent of nurses, H.S.C., Toronto, vice-presidents; Miss K. Matheson, superintendent of nurses, Riverdale Hospital, secretary, and

Miss Josephine Hamilton, treasurer.

Realizing that in many training schools the educational needs of the nurses were being subordinated to the nursing needs of the hospital, the first object of the newly formed association was "The advancement of the educational standards of nursing." The second was "The maintenance of the honour and standing of the profession," and the third—"The furtherance of necessary legislation in the interests of the public, the physician and the nurse.

The following have acted as the chief executive officers of the Association since its inception:—

Miss E. Campbell Gordon.....	1904-05
Miss C. E. Eastwood.....	1905-06
Miss L. C. Brent.....	1907-08
Mrs. C. J. Currie.....	1908-10
Miss B. Crosby.....	1910-13
Mrs. Tilley.....	1913-15
Miss K. Madden.....	1915-18
Miss Kate Matheson.....	1918-20
Miss E. J. Jamieson.....	1920-23
Miss E. Cook.....	1923-25
Miss E. M. Dickson.....	1925-26

**Legislation**—The main object of the organization being registration, a committee on legislation under the able leadership of Miss Eastwood, was formed very early in its history. The first work undertaken by this committee was preparation of a paper on "Registration," which was read at the annual meeting of the National Council of Women, held in Charlottetown, P.E.I., in June, 1905. It was felt that this would be an educative measure and serve to acquaint this body of influential women with the object in view, and would enlist their sympathy and help in obtaining the desired legislation.

In the same year a mass meeting of nurses was called in Toronto to listen to an address by Miss L. L. Dock, of New York, on Registration. Miss Dock had been connected with the movement in the United States from its beginning, and was therefore well qualified to give a most illuminating address. The committee carefully studied the legislation which had by this time been enacted



in many of the States, and finally asked the late Hon. J. W. St. John, a brilliant lawyer and speaker of the Ontario House, to prepare a bill, which he most kindly did, giving his valuable services free. This bill, applying for the incorporation of the Association, for registration of all qualified nurses, and for a Council of Physicians and Nurses, was presented to the House in March, 1906, by Mr. Thomas Crawford, then member for West Toronto. No serious opposition was met till the bill came up for its third reading, when it was violently opposed by representatives from the boards of some of the small hospitals, as well as some of the larger ones, and in particular by a representative from an organization giving a training in district nursing only, whose graduates would therefore not be eligible. The public press assailed the measure as "Trades Unionism" of the worst type, and members of the House heretofore friendly to it, became either indifferent or actively hostile. When the Committee of the House, which had the matter in hand, made its final report, the bill had been altered to such an extent as to nullify what the organization had in view.

It was found that the bill as amended provided, first, that no further educational test could be imposed on any graduate from any school approved by the Council; second, that all nurses who might hereafter graduate from any school now or hereafter maintained by any public hospital approved by the Council should be registered without further examination; and, third, that the Council instead of being composed of a majority of nurses, would consist of four male medical practitioners, four male members of hospital boards, and seven nurses, and that all decisions whatsoever of the Council might be annulled by the provincial secretary. After consultation with Mr. St. John, a majority

of the executive decided to withdraw the bill.

The Association was greatly appreciative of Mr. St. John's strenuous efforts on its behalf, and to indicate this to some small extent he was made an honorary member. By his death the following year the nurses of Ontario lost a warm friend. Dr. Helen MacMurchy was also made an honorary member and Mrs. St. John a life member.

It appeared that the opposition encountered at this time was not to registration as such, but to the granting of legal status for nurses founded on the principle of self-government, and to the setting of standards which would compel many hospitals to either close their schools or come up to those standards.

The discussion in regard to standards of training, eligibility for membership, etc., caused by our attempt to gain legislation had done some good, however, as several hospitals arranged affiliation courses for their pupil nurses as a result.

One of the lessons learned by this experience was that the nurses as a body needed to be much more thoroughly aroused to what the Graduate Nurses Association of Ontario was trying to do. A great many of them were and always have been absolutely indifferent, and even some of those who had been active in the interests of the bill had a very vague idea of what it was all about. One of these remarked to a member of the executive, "Well, I worked hard for that bill, but to be honest, I don't really know what registration means or what good it would do if we had it." It was evident also that an enlightened public opinion behind the movement was necessary before success could be attained.

**Interesting the Nurses**—The next three years, 1907 to 1910, were, therefore, devoted to an effort to more thoroughly inform the nursing body, both graduate and undergraduate, and to some extent the general pub-

lie, of the aims and objects of the Association, and to increasing the membership, which at this time was little over 300. To this end the training schools of the province were circularized, and representatives sent to many of them to present the claims of the Association to the pupil nurses. It was felt that the formation of chapters of the Association throughout the province would stimulate interest in nurse organization. The first of these was formed in Hamilton in 1908. Chapters were afterwards formed in Brantford, Kingston, Ottawa, Owen Sound, Peterboro and Toronto.

In 1910 a second bill was prepared by Mr. M. Ludwig and discussed fully in executive sessions and at the annual meetings of 1910 and 1911. It was never presented to the House, as during the session of 1911 and 1912 the late Dr. Bruce Smith, inspector of hospitals, was instrumental in having the Hospitals and Charities Act amended by the insertion of the famous clause 18, which read:

"Training schools for nurses may be conducted at hospitals receiving aid under this Act, and when such regulations in relation thereto, as may be prescribed by the Lieutenant-Governor-in-Council, have been observed, graduate nurses of such training schools may be entitled to registration in a register kept for that purpose under the direction of the Provincial Secretary, and a person so registered may be designated a registered nurse."

This piece of permissive legislation was a complete surprise to the nurses of the province, and much controversy centred around it. No one knew exactly what to do with it and many felt that if invoked it might defeat the objects which the organization had worked so long to achieve. It was, of course, inert without the necessary regulations, and as a further effort to make it operative was at a standstill for three years, before considering further the work of the Legislation Committee, I wish at this point to refer to other activities of the organization.

The G.N.A.O. became incorporated under the Ontario Companies Act in 1908.

Other activities of the G.N.A.O. at this time:—

**The Canadian Nurse**—An adventure of faith.

The year 1905 saw the launching of an *Alumnae Journal* published quarterly by the Alumnae of the Toronto General Hospital Training School, Miss Lucy Bowerman, now Mrs. Mill Pellatt, being one of the prime movers. In its second year it was published by a small committee of nurses, as the *Journal of the Associated Alumnae of the Toronto Schools of Nursing*, and in 1907 became, under an editorial board, a national magazine, and the official organ of the Graduate Nurses Association of Ontario. The nurses of the province owe a great deal to the pioneers who founded *The Canadian Nurse*, both the directors and the editors. It certainly was an adventure of faith and as we had no capital, no nurse could be found who had the requisite experience to act as editor. Dr. Helen MacMurphy filled the position most acceptably until 1910. She was succeeded by Miss Bella Crosby, and to both of these women the thanks of the nursing body are due. They worked for a merely nominal salary at an exceedingly thankless task and did yeoman service in this particular field. Others associated in the heroic effort to keep the magazine afloat when the rank and file of the profession gave very little help, were Miss Annie Robinson, Miss Grace Hodgson, Miss Christine Mitchell and especially Miss Minnie Christie, who acted as business manager for many strenuous years, giving her services without remuneration. Miss Helen Randal succeeded Miss Crosby as editor in 1916 when the magazine became the property of the Canadian National Association of Trained Nurses.



The present editor, Miss Jean S. Wilson, took over her duties in 1924. The Canadian Nurse, particularly in the earlier years, is very closely linked up with the struggle for registration, as it was the only medium of reaching and interesting the nursing body at large.

**Standing Committees**—The Constitution and By-laws originally adopted by the Association called for standing committees on—1. Legislation. 2. Constitution and By-laws. 3. Publication and Press. To these committees have been added—4. The Canadian Nurse. 5. Public Health, 1919; 6. Red Cross Advisory, 1919; 7. Private Duty Nursing, 1919; 8. Nurse Education, 1921.

**Constitution and By-laws**—Very little change was made in the Constitution originally adopted until 1914, when the by-law relating to membership, which heretofore had been individual, was changed, making the membership by Association.

At the annual meeting in 1915, a sub-committee under the leadership of Miss E. M. Dickson, was appointed to secure from the training schools of the province such information as to the extent and nature of the training being given as would be a guide to the executive in reconstructing the eligibility clause of the Constitution. It was felt that this information would also be of great use to the legislation committee.

A questionnaire regarding the number of graduate nurses employed, various services, daily average of occupied beds, number of patients per nurse, affiliations, optional courses, number of hours theory, number of hours practical work, etc., with a letter stating why the information was asked, was sent to 86 public and 62 private hospitals and to 44 other institutions, 192 in all. Of these 92 replied—62 maintained training schools. The following is a quotation from Miss Dickson's report:—

One general hospital, whose superintendent honestly admitted that she was not a graduate nurse, having married before her final examinations, gave a two-year course, with a daily average of five occupied beds, monthly average of three operations, and a training school of two pupils.

Another hospital with a capacity of 214 patients, daily average of 85 occupied beds, and a monthly average of 80 operations, had no graduate assistant, no graduate head nurse, no graduate night supervisor, and no graduate operating-room nurse with which to train 55 pupils.

On the other hand we find a hospital with a daily average of 100 occupied beds had five graduate assistants, ten graduate head nurses, with which to train 23 pupils, and a monthly average of 40 operations,

One hospital of 60 beds sends a letter of regret that there has been no system of records kept. We are glad to learn that they are re-organizing.

Another hospital with 18 pupils replied in the affirmative to the question "Do you give an Administrative Course," and explained that this course consisted of eight months' housework in the Nurses' Residence.

Another replied that lectures and demonstrations were given "when convenient."

The academic standing for admission to one training school was a "good knowledge of English."

Several points were brought out as a result of the information gained by this committee:—

1. The necessity for at least a minimum standard curriculum.
2. While many of the small hospitals realized the need for affiliations to round out their training, there still remained some who needed to be roused to this necessity.
3. That the larger hospitals, who could give such affiliated courses were finding difficulty in providing sufficient teaching material for their own needs.
4. The necessity for additional teaching staff in many training schools.

**Committee on Legislation (Resuming)**—In 1915 the executive of the G.N.A.O. called a meeting to discuss the advisability of the Association appearing before a Royal Commission which had been appointed by the Ontario Government to report on all matters relating to the practice of medicine in Ontario, methods of examining, licensing, etc., of all

who may have any relation to the practice of medicine, including nurses. It was decided that the Association should lay the whole matter of nurse registration before the commission and ask that the necessary regulations for the carrying into effect of clause 18 be granted. Miss E. M. Dickson was appointed convener of a committee to prepare the necessary data and ask for a hearing. When the committee was called to appear before the Commission, Miss Dickson made the introductory statement, showing by extracts from information submitted the great necessity for uniformity of training, examination and registration of nurses of the province, the lack of proper assistance given to many superintendents for the training of pupils, etc.

Miss Bella Crosby then spoke on "The Wide Field Occupied by the Graduate Nurse in the Community."

Miss Jean I. Gunn followed with a suggested plan for the regulation of the training, examination and registration of nurses. All of the material submitted was carefully gone over by the committee before each appearance before the Commission.

After the views of the Association had been presented, Mr. Justice Hodgins made the following statement:—

"I might say that I think it is a great deal to the credit of the nurses that they have taken the matter up in such a practical way. In fact, they are the first body that has so far appeared before the Commission with any definite scheme they wish to put into operation. It seems to me that the matters you have so ably dealt with today are things that will require to be met in some way and the information which you have given me is not only very interesting, but also extremely valuable to me."

On February 1st, 1916, the committee was again called before the

Commission and at this session some opposition to our proposed plan developed from the private hospitals, in that they wished for a preponderance of medical representation on the council of nurse education and examination board. The third appearance of the committee before the Commission was on March 30th, 1916, this time in reference to nurse registries. In Miss Dickson's report of 1920 covering five years' work she says: "Up to the time of the intervention of the private hospital everything indicated smooth sailing, but from that date the commissioner seemed to believe that behind our clamour for standards lay a desire for control of fees and monopoly of the work of the profession. To break down this misconception has been quite the most difficult task of your committee."

At this hearing the committee was asked to submit a set of regulations which would be acceptable to the nurses of Ontario and this was accordingly done. The report of the Royal Commission was presented to the House in 1917 and during that session the committee was asked to meet the Premier, the late Sir William Hearst; the Minister of Education, Hon. Dr. Cody; the Provincial Secretary, Hon. W. D. McPherson, and the Attorney-General, Hon. I. B. Lucas. These gentlemen listened sympathetically, and the Premier promised prompt action. But an election was approaching and during the remainder of the tenure of office of the then government, no matter of a controversial nature which could be avoided, was taken up.

In 1919 came a change of government. Since the beginning of our attempt to gain registration we had had ample proof of the statement that legislators are the world's best procrastinators, and surely we had acquired at least a little of the virtue of patience, as delay followed delay. The matter of providing the necessary regulations had been



transferred from the Department of Hospitals and Charities to the Department of Education so that the matter had to be taken up with a new group of people. When the regulations were provided, the provincial secretary declined to put into operation under his department, regulations made in another department of the government. In 1922 clause 18 was repealed and the Act known as the "Registration of Nurses' Act" was passed, providing for the operation of training schools and the registration of graduates therefrom, subject to such rules and regulations as might be prescribed by the Lieutenant-Governor-in-Council.

The regulations prescribed pursuant to the passing of this bill were withdrawn on account of objection being made by hospitals and others to uniform examination, and these regulations did not provide for a Council of Nurse Education. In 1923 Miss Dickson was appointed by the government to make a survey of the training schools of the province, report findings and draw up regulations for the conduct of approved training schools. While organizing the office and putting into operation the provisions of the Act, Miss Dickson was instrumental in having officially appointed an advisory committee from the G.N.A.O., composed of the following:—Miss Jean I. Gunn, as chairman; Miss Beatrice Ellis, Miss Kathleen Russell, Miss Ruth Bryan, Dr. W. J. Dobbie, Miss E. M. Dickson, Miss Esther Cook, Miss Kate Mathieson, Miss Elizabeth MacWilliams, Miss Kathleen Panton, and the Inspector of Hospitals.

This committee prepared a minimum curriculum for the use of training schools. Later, through a memorandum prepared by Miss Dickson, the regulations were amended by an order-in-council to include a Council of Nurse Education. The amendment provides that this council shall consist of seven members, three of whom shall be nurses engaged in a

teaching capacity with a training school for nurses and who are recommended by the provincial organization, two physicians and ex officio the Inspector of Hospitals and the Inspector of Training Schools. The council as originally appointed in 1924 was as follows:—Miss E. M. Dickson, Miss G. Fairley, Dr. Ryan, Miss A. M. Munn, Miss J. I. Gunn, Dr. W. J. Dobbie, and the Inspector of Hospitals.

Through the appointment in 1924 of a minister of health, the provisions of the Registration of Nurses' Act are now carried out under that department. While the Act is a government measure and does not grant to the Provincial Nurses' Association the responsibility of examining, regulating and registering the members of the nursing profession, there has always been the closest co-operation between the profession and the government in this matter, all legislation and regulations having been initiated and guided by the Association through its special committee.

While it is not possible to deal exhaustively with the splendid work done by the various committees this record would be incomplete without a brief reference to them as follows:—

The public health committee formed in 1919 has been convened by Miss Muriel McKay, Miss Ella Jamieson and Miss Eunice H. Dyke. From a small committee originally, its membership grew to include representatives from the following organizations:—Provincial Department of Health, Nursing Services of Dept. Education, Ontario Division Canadian Red Cross Society, Industrial Nurses' Association, Department of Public Health (Toronto), Women's Institutes, Mothers' Allowance Commission, Victorian Order of Nurses, Hospital Social Service.

This committee has now become a section of the R.N.A.O. The Nurse

Education Committee, formed in 1920, has also been made a section.

Private Duty Committee, 1919. The first convener of this committee was Miss Edith Gaskell. The object of the committee was to unify the private duty group and to deal with matters of particular interest to that group. Miss Helen Carruthers has been convener for several years and has done a splendid piece of work in arranging for refresher courses for private duty nurses in connection with the extension department of Toronto University and the university hospitals. This committee has also become a section.

The advisory nursing committee of the Ontario Division of the Red Cross Society, 1919. This committee under Miss Gunn's convenership has advised and assisted in the peace-time activities of the Canadian Red Cross in relation to:—

1. Field Nursing Service.
2. Home Nursing.
3. Emergency Nursing.
4. The awarding of scholarships for the Public Health Course at the University of Toronto, granted by the Red Cross Society.
5. The preparation of recommendations to the Red Cross Executive regarding questions of nursing procedure and the standardization of the small hospitals and outposts administered by the Ontario Division of the Red Cross Society.
6. Bureau of information on Public Health Nursing.

In reading the history of the past twenty odd years of the G.N.A.O., one realizes that the bulk of the really tremendous amount of work that has been done has fallen on the shoulders of a relatively small number of people. "Of all work," says the Bishop of Exeter, "which produces results, nine-tenths must be drudgery, and there is no work from the lowest to the highest which can be done well by anyone unwilling to make this sacrifice." If there is any value at all in such a paper as this, it lies in the fact that it helps us as a body, to realize to some extent at least, the value of the service that has been given by the women who have led this organization in its various activities during all these years.

To the Registered Nurses' Association we look for even greater accomplishment, and might venture to suggest as its guiding principle these words by a writer whose name I do not recall:—

"Make no little plans. They have no magic to stir men's blood and of themselves will probably not be realized. Make big plans, aim high in hope and in work, and remember that a noble, logical aim, once recorded, will never die, but long after we are dust, will be a living thing, repeating itself with ever-increasing insistency."

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#### MISS E. J. JAMIESON, Reg.N., AWARDED A TRAVELLING FELLOWSHIP

One of Toronto's first school nurses, Miss Ella J. Jamieson, Reg.N., has been awarded, by the Rockefeller Foundation, a Travelling Fellowship, which enabled her to observe and study methods and types of health education in some of the larger cities of the United States and to visit local health organizations in sections of the United States comparable to rural Ontario.

For four years Miss Jamieson, a graduate of the Hospital for Sick Children, was president of the Graduate Nurses Association of Ontario, and for seventeen

years she has devoted her time to school nursing, serving under the Board of Education, Toronto Department of Health, and the Ontario Department of Health. At present she holds the position of Associate Director of School Nursing Service with the Ontario Department of Health.

Miss Jamieson, who has just returned from her trip, gathered a considerable amount of very interesting and valuable information which will, undoubtedly, throw a new light upon various activities of the Public Health Nursing Division of the Health Department, and also establish new fields of work.



## *The Provincial Programme of Infant Care*

By ANNA E. WELLS, Assistant Director of Public Health Nursing Branch of the Manitoba Provincial Board of Health

### PART II

We find in analyzing the various methods of organization in rural areas that though there is variation there is the same purpose and end in view, and it is significant that no province is entirely satisfied with the progress made. All are too sincere in their effort to provide an adequate rural health service to be content with the work that has been done.

Practically all provinces are agreed that the generalized type of nursing is the most practical and economical from the standpoint of family health work.

Likewise all are agreed that home visiting constitutes the most important part of a public health nursing service in maternal and infant welfare work; that health conferences for the benefit of all mothers in the district, home nursing classes, including instruction in maternity and child care, and health exhibits at summer fairs are a powerful means of arousing the interest and co-operation of the community; and that all provinces find the assistance of Women's Institutes, United Farm Women of Canada, Red Cross Society, and other welfare organizations of inestimable value in supporting health services.

You will have noticed perhaps that pre-natal clinics have not been mentioned as part of the rural service in any province. At the present time they seem impractical, as mothers receive advice at the child welfare stations and in their homes, and are referred to their family physicians for medical supervision. Women generally in rural areas are yet so uninformed of the importance of frequent pre-natal examinations and of the danger of neglect that it is difficult to find expectant mothers early

enough to do adequate pre-natal work. Where there is a permanent generalized public health nursing service, expectant mothers may be met when the nurse visits the homes of school children; but it is chiefly through community educational work that mothers may be found and given pre-natal care for the first child.

With regard to other permanent clinics in rural areas, it seems preferable to educate people to seek health supervision from the family physician rather than to organize clinics, except as a special means for community health education. The travelling clinic, however, has proved to be a successful means in reaching rural districts without medical service.

Now as to the difficulties in the various provinces. The greatest of these is the lack of funds for health authorities to carry on an adequate health programme. Why this is, in view of the fact that maternal and infant welfare work is the keystone of all educational and protective endeavour for human welfare, it is difficult to understand. The past few years of financial depression and of high taxes have affected health work as well as other services: perhaps more so on account of its being a comparatively new branch of work. At the present time most municipal officials are more interested in the side of public health work which obviously lessens municipal expenditure, i.e., control of communicable diseases and school health inspection, than in maternal and infant welfare work, which may take years perhaps to demonstrate its real value.

Departments of Agriculture have for many years been maintained to assist in problems of better and healthier stock, of larger crops, management of farms and farm homes to increase financial returns to the

country, and they are most necessary. Does it not seem strange that as much cannot be done for the promotion of better and healthier rural parents and children? Surely the enormous amounts expended for curative and custodial purposes alone for our people, without the suffering and misery involved (unmeasurable in dollars and cents) which preventive measures decrease, should arouse public opinion in this matter. Knowing all sides of the problem, and its effect, it is hardly a question of not being able to afford expenditure for health work, but whether we can afford not to spend.

The next difficulty in importance is the seeming lack of interest and co-operation on the part of the average rural individual to maternal and infant welfare work. Collectively, rural people are interested in all matters that concern their welfare, and individually they are constantly asking for advice. To show that they are interested, it seems as if it will be necessary for rural mothers (who hesitate to make public their own health problems) to awaken to the fact that they must become forcefully articulate—as the members of a Women's Institute became not so long ago, when the Municipal Council decided to dispense with the nursing service in their district.

In urban districts direction and supervision are available at all hours to the workers; organizations for relief and corrective work are already established; transportation and climatic conditions do not generally constitute difficulties.

In rural districts, the very reverse is true. Workers must take the initiative in promoting welfare work, do their routine duties, and in addition must be prepared for any emergencies at all times. Especially does this obtain in the outlying districts where nurses have been placed because of the lack of hospital and medical service. A recent report of the work of one of these nurses states

that "she worked alone at top notch of nervous strain for eighteen hours at a maternity case, and the baby was made to breathe only after much effort." Perhaps only a physician or nurse can realize all that such a brief report indicates. But I should like to draw to your attention that we do not officially recognize the practice of midwifery, yet we stipulate that these nurses shall have special training to enable them to undertake the work of an obstetrician. I am at liberty to speak of this after ten years' experience in rural work, and in organizing and supervising nursing stations where these nurses are placed. I often wonder if we are really consistent or just to these women who are willing to devote their service to the frontier places. No missionary in the foreign field has to endure more fatigue or hardship than some of these nurses who are trying to meet a most urgent need. Although I hold no brief for state medicine, I hope the day will come soon when physicians will be stationed permanently by official organizations in such districts, to relieve nurses of responsibilities that should not be theirs. In this connection, it is interesting to note that mining and lumbering industries in outlying districts are required to provide medical care for the men. We may safely conclude that the needs of rural women and children are in no way less than those of able-bodied men.

I believe I am expected to outline a provincial programme for infant care, and this is not easy to do. Each province has its own particular problems which must be taken into consideration in planning a provincial programme. However, there are basic principles in organization that are generally accepted, and these are:—

In brief, that effective health service must have legal authorization, sufficient financial support, efficient leadership, trained workers and must be continuous.



That the child health programme should be outlined by a public health agency which has knowledge of rural conditions: with the support of private organizations.

That the purposes of a child health programme are:

Teaching mothers to care for themselves, particularly during the pre-natal period;

Teaching parents and attendants of children the principles of hygiene, nutrition and sanitation: that children may be born without preventable handicaps, properly cared for to avoid defects and disability;

Promoting health attitudes on the part of each member in the community;

That the health service be generalized, so that there will be a better understanding of the health needs of the whole family.

It is now conceded:

(1) That the best school health work is accomplished through pre-natal and pre-school work.

(2) That the unit of any project for improving maternal and child health is the public health nurse who visits parents in their homes.

(3) That the co-operation of local physicians is essential, who by reason of their understanding of the problems that make public health measures necessary are the logical leaders in community health enterprise. Without it no plan can be successful. Public health nurses act as assistants in preventive medicine as the hospital and private duty nurses act as assistants in curative medicine.

(4) That medical direction and nursing supervision of the public health nursing service be given by a public health agency. When an organization occupies the whole field of public health, and draws its funds from the taxes, the work becomes an accepted part of public service for every citizen, and has the air of belonging to the people. The reasons for this have been briefly summed up by Miss E. H. Dyke of the To-

ronto Department of Health, at the last conference of the American Public Health Association, as follows:—

“The public agency can bring about co-ordination of public and private agencies and delegate functions, but it is difficult for representatives of a public agency to participate in work directed by a private agency.

“The nursing service of a public department makes articulate that thing in government which lies buried in the heart of every official.

“The nurse who visits the homes as a representative of government can interpret the essential qualities of government where all other influences fail, and may interpret the needs of her clients to intelligent philanthropy.”

If these reasons are sufficient for an urban public health nursing service, they are undoubtedly of greater importance in a rural service.

In Manitoba, where a public health nursing service was organized by the Provincial Board of Health in 1916, through the thoughtful consideration of rural public health problems by the late Dr. Gordon Bell and the members of the Provincial Board of Health, and through the vision and effort of Dr. M. S. Fraser (the medical director) a nursing service has been built up to provide field workers to municipalities outside of Winnipeg. Though a branch of government service, it does not savour of paternalism or officialdom, and is a socializing influence, especially among the people of non-British races.

As the Manitoba Government was the first provincial government to undertake such a new branch of service there was no precedent to guide in outlining the programme of activities, and, therefore, the first year was largely one of experiment. It was found impossible to adopt the methods established in urban work, for the rural health nurse found herself confronted with problems very different from those in the cities.

It was realized that in rural and town districts, where nurses are few

and funds are limited, all branches of public health nursing must of necessity be carried on by one nurse. Therefore, this plan of organization was accepted as the most efficient and economical for carrying on as complete a health programme as possible.

The nursing service is administered as follows:—

When a municipal council or school board decide to inaugurate a nursing service, application is made to the Provincial Board of Health. The Board of Health then makes the appointment of the nurse and supervises her work.

The cost to the Government of maintaining a nurse in a district is from \$1,600 to \$2,000 a year. This amount includes salary of the nurse, transportation, first aid supplies, records and equipment used to carry on her work. Up to the present time the charge against a district employing a nurse has been \$920 a year. The cost of the nursing service seems to make but very little difference in the rate of taxes. As one municipal official expressed it, "it only cost the owner of a quarter section of land the price of a cigar, and not such a good one at that." At any rate, the municipalities who employ nurses and fully co-operate in all ways to make their work for them of greatest value count such cost an investment.

Now, you will ask, how does the public health nurse proceed with her generalized programme and where in particular does she work?

She works in the schools, in the homes, and the community, which enables her to reach all in her district.

Because of limited time and the large area to cover, the programme is principally one of health education, which usually begins with school work, and through the school works back to the homes.

I shall not weary you by enumerating all of the activities of the public health nurse, so I will briefly outline those directly related to maternal and infant care.

Individual pre-natal and infant work is carried on by home visits, consultations and health conferences at child welfare stations and at summer fairs, correspondence or 'phone consultations, and supervision of maternity and children's boarding homes.

Community work is carried on through the work of the child welfare station, health and home nursing classes, health conferences at summer fairs, health exhibits, press publicity, and social service activities in connection with local organizations, and also for public organizations, i.e., Child Welfare Department, in connection with Mothers' Allowance, Neglected and Dependent Children, etc.

The most important duty of the public health nurse is instructing the expectant mother in pre-natal care, persuading her to consult her physician, and to arrange for adequate care at confinement.

Next in importance is the follow-up work of the babies. When a nurse is able to report that all of the babies are breast fed and that no maternal and infant deaths have occurred, she is very proud indeed of her community.

All maternity homes, institutions and boarding homes for children and day nurseries are required to be registered with the Provincial Board of Health, which grants permits if such homes and institutions are suitable.

It is the desire of the Provincial Board of Health to find suitable family boarding homes for children and to encourage and aid good foster mothers to maintain and promote the health of children committed to their care. Investigation and regular inspections are made by two nurses of the staff and by the field nurses in their own respective districts. This supervision was found necessary to protect the health of children deprived of the care of their natural guardians.



The work of supervising boarding homes for children has increased greatly, due to the emphasis now being placed upon the needs for family home care of children. Co-operation of all child placing and other social agencies is maintained in order that the work of this service may be carried on efficiently.

To make any permanent progress in health matters it is necessary to interest and to depend upon the co-operation of the women in a community. And for this reason the women's organizations are the greatest support to the nursing service by their ready assistance in promoting measures for health and treatment.

Where arrangements have been made between the municipality and the Provincial Board of Health, bedside nursing care is given as part of the general routine, and precedes other work in the nurse's programme.

At the present time, while nursing care is given to instruct those in the home in the care of the sick, or if there is an emergency, regular bedside nursing care is included in the service to patients in their homes in only two communities that are small enough in area to make such work possible. This is the plan of public health nursing service which is considered to be of the most value in promoting health education, and will be developed as municipalities desire to have it.

Where such a service is established it functions under the auspices of a local organization. In one community the Imperial Order of the Daughters of the Empire sponsors the work, and in the other it is under an organization composed of representative citizens, called the Citizens' Welfare League, which collects fees from those who can afford to pay and provides any necessary equipment and relief needed for the families served.

Child welfare stations are established as health centres in a public building or a rest room of the

Women's Institute in a town or village. Their purpose is to place within the reach of every mother or expectant mother of a community a health centre for pre-natal consultations, child health conferences, clinics, classes, etc.

Regular health conferences are held there to give infants and pre-school children the same health service that they will freely receive as school children, i.e., health inspection, weighing, etc., and to emphasize the importance of early habit training and dietary needs for children. When signs of disease or disability are present in children they are referred to their own family physicians for treatment, but the nurse shows mothers how to carry out any treatment ordered. Physicians have given generously of their time and service, enabling communities to have free medical advice at these health conferences.

Child health conferences are also held at summer fairs in place of the old-time baby show as a means of revealing the defects of apparently well children, and to educate parents as to the value of annual thorough physical examinations by their family physicians. The child health conference is recognized as an important attraction at fairs by the directors of fair boards, and in addition serves the community as a means of obtaining a health examination for pre-school children. The examiner, who is a child specialist, also acts as a consultant to local general practitioners when so desired.

Health and home nursing classes are held under the auspices of local women's organizations where instruction in maternal and child care is emphasized. These classes are formed in order that the fundamental principles of nursing may be available to every woman in the community and are found to be far-reaching in effect.

Health talks to 'teen age groups, i.e., C.G.I.T. and Girl Guides, and the organizing of Little Mothers' League

classes for the senior girls in the elementary schools, which includes instruction in home nursing, also have an important place in health education in this phase.

In addition, special measures in health education are conducted to stimulate group interest by means of health exhibits at fairs and conventions of welfare organizations.

Instruction is also given to normal students in the value of maternal and child care and in home nursing, to assist them in helping and advising parents in rural districts, which they are frequently called upon to do where there is no medical or nursing service.

In 1923 the Department of Agriculture allowed us to use a coach of their Better Farming Train, which was fitted up for health conferences and lectures for mothers and children. This work especially demonstrated the need for health services and indicated how anxious the parents of rural districts are to seek health information. We are hoping that we may extend the travelling type of service as it is a means of taking to the rural people the service and the convenience and equipment used in cities.

Looking back over those first years we find that the work of organization in rural districts has been far from easy. The public health nurse was in many instances not the welcome visitor that she is today. In health education one is struck by the changed attitude toward health matters and the amount of health knowledge shown, and we have reason to believe that the public health nurse has played some part in bringing this about.

As to the difficulties encountered in the service, there are many, for in almost every point of approach there are some obstacles. Financial depression increases social service work, and lack of accurate morbidity and mortality statistics in rural areas hinders any movement to urge the

necessity for better maternal and infant protection.

Lack of diagnostic and medical treatment for the poor also hinders work in correction and control of disease.

The problem of inadequate nursing service is very acute. To meet this need smaller areas are necessary for each nurse to accomplish satisfactory work.

In conclusion, it seems fitting to pay tribute to the record of achievement of the Victorian Order of Nurses in establishing cottage hospitals for rural mothers, and to their high standard of nursing service; to the individual efforts of pioneer physicians and nurses who have made many sacrifices to care for rural mothers and children; and to the leaders of the Red Cross Society, who have made the best possible use of their funds by establishing nursing outposts for our pioneers.

Though there still remains a tremendous task to be performed to place health service within the reach of all of our rural people, we know that steady progress is being made.

Universities have opened their doors to nurses to give knowledge concerning health service for mothers and children and have placed their stamp of approval on such work.

National welfare organizations are also giving more thought to this matter, for we find that recently the National Council of Women decided to enlarge their study of maternity benefits to maternity care.

We may even point with satisfaction to the beginning that our Canadian Council on Child Welfare has made in stimulating interest in maternal and child health problems.

So we may hope that by working in unity the day may not be far distant when our national, provincial and municipal governments will see their way clear to make adequate provision for rural maternal and child health services. There is great



concern for mothers and babies when conditions become so pathetic that sympathy demands attention. Surely we have advanced sufficiently in the knowledge of preventive medicine to feel that such conditions (being preventable) are a blot upon our Dominion. I may seem to over-emphasize, but any rural health worker will tell you that it is impossible to exaggerate certain aspects of our rural maternal and infant problems.

We know what the acceptance of the provisions of the Maternity and

Infancy Act (the Sheppard-Turner Act in the United States) has meant to the rural districts of the states which took advantage of it. Canada needs such assistance for her rural people in no less degree.

The statement of President Coolidge in his address for peace requirements may well be applied to the health requirements of our mothers and babies in rural areas: "Truth and faith and justice have a power of their own in which we are justified in placing a very large reliance."

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## *Hospital Management*

By **SISTER M. IMMACULATA**, Superintendent, St. Martha's Hospital,  
Antigonish, N.S.

There is probably no branch of work which presents more acute or more varied problems than those of the hospital world today, representing in its breadth every variety of institution from the large, well-endowed hospital to the small, crudely-organized, struggling country institution, whose very existence from day to day seems largely problematical.

The object of all hospital work, whether the institution be large or small, should be the relief and cure of the sick and suffering, the prevention of disease, and the promotion of medical science. Probably this is one of the very few statements which can be made concerning hospital work that offers little ground for argument.

Generally speaking, it is to the large hospitals of this country we must turn for traditions, standards, and general rulings on which to base the conduct of such institutions. Unfortunately, the requirements of most

small hospitals are necessarily of such a different character that rules and regulations which would be of the utmost value in a large institution frequently cannot be applied at all in a small, isolated country hospital. As a result, when the superintendent of a small institution undertakes to study conditions in other small hospitals with the idea of improving and standardizing the work of her own, she is apt to find that in most cases each institution appears to be a law unto itself, and the result of such investigation is more confusing than enlightening.

We must take into consideration the character of the hospital itself, its location, its surroundings, its construction, its endowment, or, unfortunately in most cases, its lack of endowment, its management, and the spirit in which it is regarded by the community or municipality which it serves. Quite frequently the success of the small hospital is dependent less on shrewd business management than on the creation of a spirit of loyalty, interest, and good-will among those people of the surrounding commun-

ity on whom it must necessarily depend for its maintenance and support.

Today the properly managed hospital will see that an entering patient gets immediate attention. He will be made welcome and impressed with the fact that his interests are to be uppermost in the thoughts of everyone in the hospital, that his welfare is to be the hospital's first consideration. The necessary office record and financial arrangements should be made promptly and as pleasantly as possible. He should then be escorted to his room by a nurse. The supervisor of the floor should make it her duty to call upon him immediately to answer any questions he may wish to ask and to see that he is comfortable. An interne should wait upon him at the earliest possible moment, that he may know his physical condition is under early consideration. A hospital should also be provided with a recreation or sun room where patients may go and converse with one another, getting away from their beds and forgetting their troubles temporarily.

The attitude of the internes, nurses, and employees in the hospital will determine in a large measure the reputation of the hospital. People who are sick physically are usually sick mentally. They may be more grouchy, more unreasonable, and more demanding than when well or they may be more susceptible to sympathy, more desirous of winning the esteem of those about them. It should be the constant desire of everyone in the hospital so to conduct himself that when the patient leaves the hospital he will gladly say it was good to be there. The hospital should always keep this in mind, and both by example and precept impress everyone in the hospital with the thought that each patient is the guest of the individual nurse, interne, or employee. If each person in the hospital fully realizes that he is the host of the patient and that he should treat the patient as he

would a guest in his own home, the hospital has gone a long way towards making the patient happy and increasing its own popularity.

No hospital management has a right, however, to expect that this condition will exist automatically in the minds and hearts of the hospital personnel. It is the business of the management to implant it by seeing that the conditions in the hospital are such as to make the helpers thereof part of the hospital and desirous of doing all they possibly can to assist the patients. This means the best possible accommodation for the nurses, for the internes, for the help.

All these people—internes, nurses, and employees—are entitled to the best living conditions the hospital can afford. You may be sure the patients will receive exactly the same kind of treatment that the hospitals give to those who care for the patients. If the nurse, for example, is well housed, well fed, contented; if she receives thoughtful consideration, if she gets a thorough training and is treated as a woman, in the very nature of things her soul will sing within her and the patient will receive thoughtfulness, sympathy, and intelligence mixed into his care. If, on the other hand, a nurse receives none of the things which make her happy and contented, but is made to feel that she is a child, more or less under suspicion, unless she is a moral phenomenon, she is going to work out her moods upon her patients. A hospital may not justly expect to recruit into its ranks none but moral phenomena. The best way to get the golden rule into the hearts of the hospital personnel is for the hospital management itself to adopt the golden rule and live by it.

It is quite true that man does not live by sympathy alone. It is the duty of the hospital to see that meals are well prepared and well served, being as warm and tasteful as possible. The rooms should be made home-like. The days are past when the medical profession felt that



germs were roosting on the picture frame, the curtain, casement cloth, etc., just waiting for an opportunity to jump off on the patient. The pleasant surroundings of the patient will go far towards aiding in his recovery. One should get as far away as possible from the institutional idea and make everything as home-like as hospital conditions will permit. It is taken for granted that the hospital will have all proper laboratory and x-ray facilities for skilful scientific care of patients, otherwise it is not a hospital.

The hospital superintendent should endeavour to set aside a portion of each day for the visitation of patients. This takes time, but time can be found if the superintendent resolutely determines to find it. Some patients still come to a hospital with a chip on their shoulder, expecting to be misused and ill-treated, labouring under the thought that the hospital desires only their money. If such a patient is called upon the day of his arrival by the superintendent and in a few words given to understand that it is the hospital's desire to aid him in his recovery in every way possible, making his surroundings pleasant and giving him the best of attention, he is at once disarmed, and he says to himself that things may not be as bad as he had expected.

If that visit is repeated daily in only a short time the patient looks forward to the coming of the superintendent and there is a warm personal feeling existing between the two. Grievances are no longer nursed by the patient, but unless important, are quite likely dismissed with the thought that the untoward

happening is not in accordance with the wish of the hospital, but against it. If, however, the grievance is of sufficient importance to warrant attention, the visit of the superintendent gives the patient opportunity to make known his objections directly, and the trouble, whatever its nature, can be adjusted easily and amicably.

Another thoughtful thing for hospitals to do is to provide complimentary meals for an immediate relative of a patient who is critically ill. While this may be a little difficult to arrange in most hospitals it is always very highly appreciated.

Patients should not be forgotten immediately after hospitalization. It is pleasing to the patient and is of value to the physician for the hospital to send follow-up cards, say three months after a patient has left, and again at six and nine months. This affords a patient a welcome surprise in the thought that the hospital is still mindful of his interests for the period of at least one year.

A hospital doing any considerable amount of work among the poor should have a social service department. A nurse from this department should visit the homes of the poor while they are in the hospital to see that those left behind are properly cared for and to aid them, through charitable organizations, when they are in need. She should also visit the patient occasionally upon his return home. Hospitals have it in their power to do much to make this old world better. May God fructify our efforts in behalf of His suffering members and bring us in the end to the goal of our desires.

## BIENNIAL MEETING CANADIAN NURSES ASSOCIATION

July 3rd to 7th, 1928 - - - Winnipeg, Manitoba

## *The Hastings Scholarships in Public Health*

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There is a unique public health movement on foot in Toronto.

Starting spontaneously at a gathering in Hygeia House, it originated as an effort on the part of private citizens to honour Toronto's veteran medical health officer, Dr. C. J. O. Hastings, by giving some concrete token of their gratitude to him for long years of service.

It was first suggested that a portrait of Dr. Hastings be painted and presented to the city, a proposal which met with the complete approval of the Mayor and City Council.

A committee of outstanding men, both medical men and laymen, undertook to take charge of the effort and the raising of funds to make it possible.

The original suggestion, however, has now broadened out until it has more than a merely local significance, and is a campaign which touches anyone interested in the promotion of public health.

The committee has decided that, in addition to the portrait, several scholarships in public health will be endowed, by public subscription, at the University of Toronto and that these awards will be named after Toronto's dean of health officers.

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There will be at least two of them, and possibly more.

So far it has not been decided whether they will be open to undergraduate medical students, graduates who desire to do further research in public health fields, public health nurses or to all three. Nor have details of the way in which the awards are to be made been settled.

The most important feature of the entire affair, however, is the fact that it indicates an ever-growing consciousness of the importance of public health measures on the part of the average citizen and that an effort of this sort, moreover, serves to further impress this on many who may not yet have fully realized it.

The actual campaign is now under way and in it members of the medical profession and public health and welfare workers generally, are playing a major part. In case there should be any who have not yet been informed of the plan, they may secure further details from the Hastings Scholarship Committee, Hygeia House, Toronto.

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Subscriptions should be sent to the honorary treasurer, Sir James Woods, 48 Front St. West, Toronto.

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## *Is Codeine a Dangerous Drug?*

Sir William Willcox, physician to St. Mary's Hospital, London, discussing the "Dangerous Drugs Acts (Great Britain) and their application by the physician and pharmacist" in a recent address had this to say about Codeine: Is this a dangerous drug, or, in other words, is its use likely to lead to addiction?

In my opinion, Codeine should not be regarded as a dangerous drug. It is a drug that is taken almost always by the mouth, and is not administered hypodermically. In the course

of an extensive toxicological experience, I have never met with a case of codeine addiction. I have, during the past twenty-five years, frequently prescribed codeine, usually in combination with other analgesic drugs such as Aspirin, Phenacetin, Pyramidon, etc., for the relief of pain, and have never observed any signs of the development of addiction. The addition of codeine to the dangerous drugs would greatly restrict the use of a valuable remedy, and would cause needless inconvenience and hardship. (Nat. Druggist.)



## Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,  
Miss FRANCES REED, General Hospital, Montreal, P.Q.

### *A Course of Obstetrics for Student Nurses*

As Carried Out in the Royal Victoria Maternity Hospital, Training School  
for Nurses, Montreal.

For many years there has been, among those who are directing medical education, a growing recognition of the great need for a sound knowledge of obstetrics owing to the peculiar urgency for efficient medical care of the woman in normal labor or suffering from any of the serious complications of pregnancy—emergencies which must be faced and coped with immediately if human life is to be saved. As a result of this realization a thorough training is deemed of such vital importance that obstetrics ranks second only to medicine in the essential subjects of the medical curriculum. In view of this fact it would seem that considerable thought should be given to the planning of a parallel course, as regards nursing care of this type of patient, for the student nurse, which should serve to equip her with the necessary knowledge to face situations fraught with many dangers to both mother and child, and give expert nursing care whether under medical direction or when alone and obliged to act at once in order to prevent a disastrous issue.

With this end in view the following course has been planned, and though in many ways it falls short of the ideal, yet it provides a foundation upon which to build a future plan of instruction by means of which we may hope to reach our aim. The length of time for which students come for the course varies considerably. The majority come for three months, whilst others, from training schools giving a short course in obstetrics, come for six weeks or longer. This variance in the duration of the course, together with the

enrollment of new classes twice a month throughout the entire year, and the fact that most of the affiliated schools in the city require their students to return not infrequently as many as two and three times a week for lectures, classes or examinations upon other subjects, necessitates frequent and continuous repetition in order to give all students the entire theoretical course properly correlated with the practical experience, and inhibits to an appreciable degree the forming of plans for giving future instruction upon a more extensive scale.

Suggestions and criticisms from readers who are interested in this branch of nursing would be very helpful and keenly appreciated.

#### OUTLINE OF LECTURES—8 HOURS

##### Series "A"—2 Hours.

Given by senior teachers on the staff of the University Department of Obstetrics and Gynaecology.

##### 1. and 2.—Pre-natal Examination—

Students given copies of Pre-natal Clinic history sheets to follow as routine examination is carried out on ante-partum patient and significance of procedure explained.

Past and present physical history.

Complete external examination.

Pelvic measurements (external).

Abnormal pelvis shown, measured and compared with normal.

Various positions of foetus demonstrated with doll.

##### Series "B"—6 Hours.

Mimeographed outline of each lecture given to class.

##### 1.—Physiology of Pregnancy—

The pelvis.

The anatomy and physiology of the reproductive organs:

(a) Internal,

(b) External.

Brief resumé of development of ovum.

**2.—Pathology of Pregnancy—**

Minor complications (briefly).

Major complications:

Hyperemesis Gravidarum.

Nephritis.

Pyelitis.

Pre-eclampsia.

Eclampsia.

Haemorrhage—

(a) Apparent,

(b) Concealed.

**3.—Physiology of Labour—**

Signs and symptoms.

Three stages.

Mechanism of Labour.

Placenta—

(a) Anatomy and physiology.

(b) Implantation.

(c) Separation.

(d) Expulsion and expression.

**4.—Pathology of Labour—**

Operations to relieve:

(a) Episiotomy.

(b) Forceps—high, medium, low.

(c) Version and extraction.

(d) Induction—various means.

(e) Vaginal hysterotomy.

(f) Craniotomy.

(g) Caesarean section—various types.

Haemorrhage:

(a) Inter-partum.

(b) Post-partum (primary).

**5.—Physiology of Puerperium—**

Involution of uterus:

(a) Fundus (descent of).

(b) Lochia.

Elimination of chemical products of pregnancy:

(a) Urinary.

(b) Intestinal.

(c) Skin.

Restoration of general health and strength:

(a) Diet.

(b) Rest.

(c) Exercise.

(d) Mental readjustment.

Progression in breasts:

(a) Anatomy and physiology.

(b) Value of breast-feeding.

**6.—Pathology of Puerperium—**

Haemorrhage—Post-partum (secondary).

Subinvolution.

Infections:

(a) Cervical.

(b) Uterine.

(c) Blood—Toxaemia,  
Bacteraemia.(d) Lymphatic—Parametritis,  
Peritonitis.

(e) Venous—Thrombo-phlebitis.

(f) Breast—Mastitis,  
Abscess.**OUTLINE OF CLASSES—18 HOURS****1.—Hospital Routine—2 Hours—**

Given to each class before going on duty in wards. The students are given their text-books (Obstetrics for Nurses—DeLee) and also mimeographed notes in detail and with references for study of all that is taught under headings C, D, and E, copies of which are to be found on every ward. The perineal dressing is fully demonstrated on a patient.

a. Short introductory talk on the ground to be covered (practical and theoretical) during the allotted time in the training school, and the responsibility each student must assume towards herself in the building up of her fund of knowledge and experience in this branch of nursing by embracing every opportunity afforded her to learn (e.g., attending ward clinics, following up cases on wards).

b. The new type of patient and the essential qualifications of an obstetrical nurse. The responsibility laid upon each student to constantly teach the patient the proper care of herself and her baby.

c. Definitions of obstetrical terms in common use.

d. The normal patient:—

Ante-partum care—

1. Admission.

2. Preparation for examination.

3. Preparation for delivery.

4. Care during labour (briefly).

Post-partum care—

1. Immediately after delivery.

2. Reception to ward.

3. Bath; temperature and pulse.

4. Urine; perineal dressing.

5. Diet.

6. Sitting up.

7. Purgation.

8. Removing perineal sutures.

9. Convalescence.

10. Discharge.

e. Care of ward equipment.

f. Display and short discussion on all standard treatment trays used in hospital.

g. Visit to a public ward, utility rooms, labour room, delivery room, nursery, administrative office, out-door department, and clothes room.

**2.—Care of Breasts—1 Hour—**

a. Anatomy and physiology.

b. Ante-natal care.

c. Post-natal care.

d. Disorders (causes, symptoms, treatment).

**3.—Binder Class—1 Hour—**

Demonstration followed by practice under supervision on the wards—

a. Breast.

b. Abdominal.



**4.—The Abnormal Patient and****5.—The Abnormal Patient (Continued)—  
1 Hour Each—**

Mimeographed copies of standing orders.  
Printed copies of classification, with  
causes, symptoms and treatment of the  
haemorrhages due to pregnancy.

Common minor and major complications:

- |                 |   |
|-----------------|---|
| a. Ante-partum  | } Causes, symptoms,<br>treatment.<br>Standing orders.<br>Special nursing<br>care. |
| b. Inter-partum |   |
| c. Post-partum  |   |

**6.—Nursing Routine—1 Hour—**

Given by nursery supervisor. Mimeographed notes of theory.

- Standing orders for infants of normal and abnormal birth as regards general nursing care and nourishment.
- Demonstration of infants' daily toilet.
- Preparation and method for giving gavage and rectal irrigation.

**7.—The Premature Infant—1 Hour—**

- Characteristics.
- Essentials in—General nursing care.  
Nourishment.
- Standing orders.
- Common disorders: causes, symptoms, treatment.
- Demonstration of suitable clothing and cot.

**Breast Feeding—**

- Advantages to mother and child.
- Hygiene of the nursing mother and wet nurse.
- Contra-indications.

**8.—Pathology of the New-born Infant—  
1 Hour—**

- Prophylactic care
- Pathology—cause, symptoms, treatment.
- Demonstration on doll of prophylaxis and treatment of ophthalmia neonatorum.

**9.—Artificial Feeding of Infants—1 Hour:**

Given by dietitian. Mimeographed notes of theory.

- Complemental and supplemental feedings.
- Usual ingredients used.
- Usual quantities given during early weeks.
- Formulae in common use.
- Various treatments of raw milk.
- Comparison of human with cows' milk.

In milk room—

- Demonstration of preparation of formulae and care of all utensils used.

**10.—Labour Room Routine—1 Hour—**

Given by delivery room supervisor.

- Preparation of patient and room for delivery—normal and abnormal.

- Care during labour and delivery—normal and abnormal.

- Care of normal infant at birth.
- Treatment of asphyxia neonatorum.
- Standing orders.
- Copies of delivery room history sheets given to class and history of one or more typical cases related.

**11.—The District Patient—1 Hour—**

- Short introductory talk on the outdoor service, the type of patient that may have this service, her attendance at ante-natal clinics and the preparation for her confinement, under the direction of the Social Service Department.
- Proper attitude of the nurse towards patient and relatives on arrival at the house.
- Preparation of patient and room for delivery.
- Assisting the doctor.
- The post-partum care of the patient.
- The care of the infant.
- The care of the hospital confinement bag.
- Demonstration of preparation of bed and room for care of mother and baby employing a hospital confinement bag and other necessary articles such as would be found in the average home.

**12.—Ante-natal Care—1 Hour—**

Mimeographed sheets of #d given to class.

- Definition and objects.
- Obligations of the doctor and the nurse towards the prospective mother.
- Ante-natal hygiene.
- Minimum requirements for a confinement in the home.
- Ethical obligations of the graduate nurse as regards visiting her prospective patient, giving helpful suggestions as to the necessary preparation, and ascertaining that the patient is cognizant of the prevailing rules governing nurses' fees while waiting for an obstetrical case.

**13.—Maternity Social Service—1 Hour—**

Given by a trained social worker who is also a graduate nurse in charge of the Social Service Department.

Copies of all forms used in this department given to class.

- Various channels through which the social service worker gains access to the homes of the patients.
- Objects of her visits to the home.
- Co-operation with sister organizations in securing medical and financial relief as required.
- Dealing with the problems of the unmarried mother and her baby.

- e. Follow-up work. Value of records. Means of tracing families through other organizations.
- f. Instructing and assisting the mother in preparing for the coming baby.
- g. Relating to several typical cases of social distress, the relief given in each instance and how accomplished.

14, 15, and 16.—Quizzes.

17.—Examination—Pass 60%.

Illustrative material used during lectures and classes as follows:—

Blackboard; anatomical charts; mannekins; pelvis; foetal skulls; plaster models of the female reproductive organs, cross-sections of the reproductive tract at various stages of pregnancy, normal and abnormal foetal heads; drawings and preserved specimens (foetal and maternal, normal and pathological) as related to subject; obstetrical instruments, induction bags, etc.; and for Lecture No. 3, essential delivery room equipment and a fresh placenta for dissection. In the class-room there is a reference library, several nursing periodicals are subscribed for and two large tables are fitted with library lamps and desk sets for the use of the students.

#### Clinics

##### 1.—Ward—

During the university year ward clinics are held four days a week for the medical students, and whenever possible the student nurses attend. During the summer clinics are held, five to six per month, especially for the student nurses, and attendance, if relieved from duty, is compulsory. These clinics, given by the doctors upon patients carefully chosen for the educational value of their cases, have proved highly successful as judged by the large attendance and keen interest displayed by the students. Occasionally the clinic takes the form of "ward rounds," and visits will be made at the bedside of several patients so that the various stages of the puerperal state can be closely observed by the students, and they can learn the rea-

sons for giving hospital care to any ante-partum patients on the ward.

##### 2.—Ante-natal—

Students are sent in turn to attend the daily ante-natal clinics in the Outdoor Department, and when possible are given some practice under supervision in making ante-natal examinations. This, however, is usually done on indoor ante-partum patients.

#### Ward Duty

Practical experience is arranged so that each student will be given day and night duty, private and public wards, three weeks nursery, with some experience in making artificial feedings; two weeks delivery room, during which she attends district confinements. Some students receive two weeks' duty on district service, during the morning giving bedside nursing care under supervision to the patients confined by the hospital staff and during the afternoon attending the ante-natal clinics.

#### Records

Experience cards are given the students on entering the training school, and these, properly filled in, together with all long-hand and mimeographed notes, are checked by the instructor at time of examination and later returned to the student with her corrected paper and grade.

Reports are sent to the training school office upon each student's work as she leaves for a new post of duty in the hospital. A summary of these reports gives the student her efficiency grading at the finish of the course.

#### Supervision

By Day—A graduate nurse is in charge of each ward, nursery and delivery room, also the outdoor department. The instructor spends a part of each day, either morning or afternoon, varying from ½ to 3 hours, supervising the practical work of the students, and where indicated giving bedside instruction.

By Night—The night superintendent and two assistants make regular rounds on the floors.

Within the past few months a number of moves have been made among the superintendents of the Ontario Mental Hospitals.

Dr. Edward Ryan, superintendent of Rockwood Hospital, Kingston, was appointed as medical director of the Ontario hospitals.

Dr. Bernard T. McGhie, who has been superintendent of the Westminster Psychopathic Hospital (D.S.C.R.), London was made superintendent of the Ontario Hospital at Orillia.

Dr. Sydney J. M. Horne, who also was on the staff of the Westminster Psychopathic Hospital, will act as Dr. McGhie's assistant.

Dr. J. M. Forster has retired from the superintendency of the hospital at Whitby and been succeeded by Dr. George H. Stevenson.

Dr. W. C. Herriman, of Orillia, has been promoted to be superintendent of the hospital at Cobourg.

Dr. T. D. Cumberland was made superintendent of the Ontario Hospital for Epileptics at Woodstock when Dr. J. J. Williams was transferred to the Ontario Hospital at Hamilton, succeeding Dr. English, who was transferred to the hospital at Brockville to fill the vacancy created by the death of Dr. McNaughton.



## Department of Private Duty Nursing

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### *An Epidemic of Roseola Infantum*

By H. B. CUSHING, M.D., Montreal

The disease known as roseola infantum has only been generally recognized within the last few years. Although scattered references to it occur in the literature, it was first accurately described by Zahorsky in 1910, and again in 1913. His account seems to have attracted little attention, and it was not until 1921, when a fresh series of cases was reported by Veeder and Hempelmann under the name of exanthem subitum that the disease won general recognition. Immediately after this, cases were recorded from various points in America, from Europe and Asia, but even yet the disease is not included in many of the most modern textbooks.

Nevertheless, once its characteristics have been pointed out, it is one of the most clear-cut and definite of the eruptive diseases. Its occurrence in young infants, and the striking course of development of the symptoms are unmistakable. There is the abrupt onset, three or four days of high fever with little constitutional disturbance, followed by a crisis, and then the appearance of a rash. The eruption only lasts two days, but is almost always profuse, and very similar in all cases. It strongly resembles German measles, and in fact has usually been diagnosed as such in the past, but the history of the prodromal fever immediately distinguishes it. It must be of very frequent occurrence for all writers re-

port 20, 30 or 40 cases all seen within two or three years; in fact, it is probably the commonest exanthem occurring in infants under two years, with the possible exception of measles and varicella.

There are only two points to which I wish to call attention in the present communication. The first is the age of the patients affected. The vast majority of the reported cases have been between the ages of 4 and 18 months. In fact, of several hundred cases recorded only four or five have been over 2 years, and it is possible that in these there was a mistake in the diagnosis.

The second point concerns the nature of the disease and whether it is contagious. A considerable difference of opinion on this point seems to have arisen. In his original description Zahorsky says: "The disease is not contagious; only in one family did more than one case occur. The comparative isolation of these young children renders the assumption of a contagion almost impossible." Veeder and Hempelmann in their classical description state: "So far as we have been able to observe, the disease seemingly does not belong to the ordinary group of exanthems in childhood transmitted by direct contact."

On the other hand, Porter and Carter in the last edition of their text-book say: "The disease is mildly contagious." The last edition of Holt and Howland's text-book states: "Nothing is known regarding the infective agent, and lesions produced

or the method of propagating. It appears to be very slightly contagious, for not more than one child in a household is attacked at the same time." Griffith and Mitchell in the edition of their work just issued say: "Its nature is not certainly determined. Infectiousness must be slight, since in none of the published cases has there been more than one case in a family." David Levy in a report of a number of cases says: "The cases which number approximately 30 have in some instances occurred sporadically; in other instances four or five cases have grouped themselves in a manner suggestive of mild epidemics. In no instance, however, could one case be traced to another as evidencing communicability." Heiman in his admirable review of the literature of the disease in 1925 says: "No case has ever been seen by us or anyone else which could be related to another known case. It is this surprising freedom from contagion that is one of the most conspicuous features of the disease, and one which makes the incubation period a mystery, and makes it exceedingly difficult to clinically arrive at the solution of the etiology." Brown and Tisdall in their recent *Common Procedures in Paediatrics* say flatly: "The disease is not contagious."

It is this confusion and uncertainty which has led me to report the following series of cases which were observed last year in the wards of the Montreal Foundling and Sick Baby Hospital. I may here state that the Montreal Foundling Hospital accommodates about 70 infants all under three years of age, and is divided into separate wards of about 10 patients each of approximately the same age.

The first case, Orman H., was an infant of four and one-half months, admitted to the hospital January 24, 1926, and placed directly in a ward containing nine other infants all between the ages of 4 and 12 months, no precautions to prevent possible infection being taken. On January

29th, five days after admission, he suffered a sudden, inexplicable rise of temperature to 103°. The temperature remained elevated for three days and on February 1st a crisis occurred followed by the appearance of the characteristic rash covering the entire body and lasting for two days.

Albert B., 10 months of age, who was in the same ward all this time, became ill February 8th, just ten days after the first case. He also had three days' fever with a fall of temperature on February 11th, followed immediately by a similar eruption. About ten days later a group of three cases occurred together. Hugh B., 10 months of age, had a rise of temperature on February 15th. Ernest W., 5 months, on February 17th, and Gerald F., 10 months, on February 18th. Each of these had the characteristic three or four days' fever followed by a crisis and the same eruption. The last case, Harry C., 12 months of age, was taken sick on March 5th, with a crisis and eruption on March 7th.

All these cases were unmistakable, typical and similar. They were seen by all the staff of the hospital, who concurred in the diagnosis. They were all in the same ward; thus out of 10 children in the ward six developed the disease with an apparent incubation period of approximately 10 days. The disease did not spread to any other ward in the institution, although, as I have said, there were 70 infants in the house and no serious precautions were taken to prevent it.

It would appear from this occurrence that we may state definitely that roseola infantum is a mildly infectious disease, with an incubation period of about ten days. It confines itself in its typical manifestations to infants between the ages of four months and two years. One rarely sees more than one case in a family because it is rare to have more than one child of the susceptible age in the household. It is probably conveyed by carriers of other ages who do not react the same way to the infection.



## Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,  
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### *The Advantages and Disadvantages of Standardizing Nursing Technique from the Point of View of the Public Nurse*

By ELIZABETH SMELLIE, Chief Superintendent, Victorian Order of Nurses  
for Canada

The word "standardization" as commonly used refers to "that which is established as a rule or model." In so far as nursing is concerned, it might be defined as the general acceptance of certain methods of procedure which on the whole have proved good.

Among the arguments in favour of standardization from the point of view of the public health nurse are these:

The outlining and adoption of a minimum standard of excellence below which work shall not fall means that it will be carried on in accordance with the very best methods that have been worked out by a nursing organization, as a result of past experience; and that those receiving nursing care will consequently be assured of better service.

Standardization of technique adds to the teaching value of a nurse's work in the homes. With practise its execution becomes automatic, the mind is relieved, and thus more attention can be devoted to the opportunities presented for health teaching.

A manual of procedure is invaluable for reference, particularly when a nurse is working alone, with infrequent supervision and possibly without special preparation for the work in which she is engaged.

Recognizing the fact that the individuality of a nurse may contribute to her success in her work,

nevertheless a measure of uniformity of practise on a staff, subject to change, makes it easier for both patient and nurse when substitute visits have to be arranged for.

Time is saved which can be used effectively in the development of newer fields of work.

Supervision is more helpful. With uniformity of procedure less attention needs to be given to instruction as to detail of nursing technique, and increasing emphasis is placed on the content of a nursing visit. An outline of procedure is of educational value to a local board. Through reference to it they become familiar with the problems connected with the nurses' daily work, the necessity of maintaining high educational and professional standards, of the arrangements necessary for the regulation of hours of duty, of time for recreation, holidays, etc.

On the other hand, while from the public health nursing point of view, standardization undoubtedly presents advantages, no manual of instruction can serve as a permanent or infallible guide. Constant re-examination and revision is necessary, and if question is raised on any point as to its soundness or present utility, discussion should be reopened. Even a good method may not suit every locality. Loose leaf booklets have been recommended because individual sheets may easily be replaced. Initiative should be encouraged and sympathetic interest and consideration given to suggestions brought forward by staff mem-

bers. Otherwise development of a better method of procedure may be hindered or completely overlooked. It may interest you to hear of our personal experience gained as a result of assisting in the preparation of a nursing manual for the use of Victorian Order nurses in Canada.

As its chief superintendent for the past three years, one thinks in terms of a national voluntary organization carrying on a visiting nursing service in Canada, with sixty-seven centres dotted over a wide territory, with local associations of various ages and sizes carrying on the work, and with nurses on duty under widely diverging conditions. There is practically local autonomy in these districts; the nursing service is administered directly from the central office. The distance between the extreme centres east and west is in the neighbourhood of three thousand miles. There are no provincial or county subdivisions, effort being made to link up through supervision the individual districts to the national office rather than to decentralize, although provision is made in the royal charter for provincial autonomy when necessary.

At one time, until 1921 in fact, the Victorian Order maintained training centres in Canada, and all nurses taken on strength were assigned first to these centres for district training under supervision. When public health nursing courses were established in 1920 at several of the Canadian universities, decision was made to give up training centres and instead to award scholarships to nurses to enable them to take the post-graduate training in public health nursing now offered by several universities, east and west. These students then had their field work with the different health agencies in each centre, and a term with the Victorian Order was included. This field work (or practical experience) had to be fitted in with the university programme, which in itself created a problem, as being a new development it was not always easy for the

directors of the course to arrange to have practical experience in the recommended proportion fit in with the university curriculum. Each year, of course, the situation has improved.

In so far as the Victorian Order was concerned the change made in 1921 was too abrupt and done without sufficient preparation. Though thirty-two scholarships were given that first year and a number yearly since to selected candidates, the supply of nurses with public health training has never yet been sufficient to meet the demand, and effort has continually to be made to cope with the situation in different ways: through staff education, or sometimes with only a brief period of supervised experience on one of the larger city staffs for nurses applying to us for duty.

In 1921, as a result of a nurses' conference held in our national capital, Ottawa, and when its need was urgently stressed by those present, it was decided that a manual of nursing procedure should be prepared for the use of Victorian Order nurses. Later, help was sought from various sources at home and abroad, and for two or three years occasional conferences were held of representatives from the central office staff, and from the larger and smaller districts near by. Progress was slow for various reasons. It was also sometimes difficult to arrive at a conclusion because the majority of the nurses participating had been trained in different hospital training schools, and practically all had served with district nursing organizations in England, the United States or at home, and like all other nurses, had definite ideas as to procedure. Eventually, however, the material was collected and tabulated and at a gathering of nurses from coast to coast, held in the autumn of 1924, the copy was gone into carefully again, and on many points there was further discussion. Our nursing manual was published in January, 1925.



Later, in the spring, a special supervisor was appointed to devote exclusive attention to the field work with our organization of all students taking public health training at the central universities. This was not an ideal plan but it had good results and served to demonstrate the necessity of greater emphasis being placed on the responsibility assumed in giving field work experience, without due attention being paid to the supervision of students' work. This same factor existed with regard to affiliations with local hospitals, in some cases already in operation for two or three years. After one year, the local Victorian Order organizations in these university centres previously referred to, took over this responsibility themselves and more definite attention was given to supervision.

As we had delved deeper into the preparation of the manual this fact had faced us: Was not part of the technique of the public health nurse's preparation her approach to people, her attitude towards her work, her relationship with others, her powers of observation of community needs, her capacity as professional adviser to her committee? Consequently, the Victorian Order in a lesser degree, as did the N.O.P.H.N. on a more extensive plan, later found it necessary to include in its manual such subjects as principles of public health nursing, policies, general aims, relations with the medical profession, with other health and social organizations, matters of personnel, staff administration, equipment, hours on duty, as well as of actual nursing procedure.

Within a few months of its publication results were noticeable. The nurses on the whole felt more satisfied. The supervisors had now something tangible on which to base their instruction, they felt their visits were more helpful, and even although all centres had more or less to modify their existing plan, it

meant there was more uniformity in teaching students who came to us for field work from the various universities and affiliated hospitals, as well as for those reporting for staff duty. Also, in transferring nurses from district to district there was less confusion in their minds as to how to proceed, and certainly on the whole it contributed to the greater satisfaction and better nursing care of the patients: especially where there were frequent changes of personnel. It was never expected that decisions worked out as to methods would be final, or that discussion and conference by staffs and supervisors would not reveal weaknesses which should be corrected; nor that a routine too cumbersome might not need to be simplified. Neither is it felt that a definite conclusion can be reached at the present time as to the positive and universal advantage of standardization of technique in public health work. Too much of this is still in the experimental stage. The advance in medical science, the means presented for further preventing needless disease, and promoting better health, and the interesting times we live in, seem to make final conclusion an impossibility.

Last year, 1926, the N.O.P.H.N. published their manual of public health nursing and it has been interesting to learn of their experience and of the reasons leading up to its production. Miss Brownell tells us they began by collecting manuals from all organizations which they knew had such pamphlets, as well as the material which had been assembled for the visiting nursing study. First, drafts were sent to their executive and the sections on special phases of public health work submitted to the best known nurses doing that type of work. These sections on special phases were also submitted for criticism to other national health organizations—the National Tuberculosis Association, the National Committee for Social Hygiene, etc. Their comments were then incorporated into a new draft

which was later sent to the N.O.P.H.N. executive committee for final approval. This action had been taken because of repeated requests for a manual which would include policies of administration as well as of nursing technique, which could be used as a guide throughout the country (and one may say abroad). Indeed many organizations had felt the need of such a guide but had delayed their preparation until this was available.

Then too, as local boards, whether official or voluntary, and nurses in the field are jointly responsible for the carrying on of the work, the efficiency of the service, and the place it occupies in the community, is not the question of standardization a consideration if not a matter of equal interest to both groups? Can one proceed far in advance of the others?

These bodies as well as public health nurses are now realizing the value of pooling their experience and of conference from time to time to discuss their mutual problems and methods of dealing with them. A very successful institute for board members was recently held in New Haven, Connecticut. During the conference the importance was stressed of an educational committee being appointed in each association to consider methods and opportunities for educating its board ("as well as itself"); also for study of Miss Gardner's "Public Health Nursing" and of current reading in the various health magazines. Mrs. Winslow, secretary of the committee arranging for this meeting, in referring to one of the outstanding problems of nursing associations, states: "Having raised the funds and chosen the technical expert, what else has the board to do? It must direct general policies, while not interfering with professional standards. It must represent the view-point of the community and determine, after receiving the advice of its expert, what is most important to be done and what the community

at the moment can afford to do. It must maintain contacts with other local social forces and it must aid and strengthen its director at every step in her difficult task. The most effective boards realize that they and their nurses are in a co-partnership and that, together, they operate the association, both having separate, real and yet allied functions." (The Survey, May 15, 1927.)

Then one word as to the public health nurse herself and her preparation for the task which awaits her. Possibly you may have read a statement made by Miss Fox recently. "A nurse is not born with the public health view-point, neither does she have it on graduation. She must acquire it through special study and experience, and if she has not an open mind and certain other qualifications she is not going to do it."

In a paper on "The Objective in the Training of the Public Health Nurse" by Miss K. Russell, director of the Department of Public Health Nursing of the University of Toronto, given at the Canadian Public Health Association meeting in June, the last paragraph sounded a word of warning:

"In closing this consideration of the training of the public health nurse there is just one final plea that I would make, and that is that we avoid an undue emphasis upon standardization. Our resources are limited enough; let us see to it that we use them all. We should realize that there must be many ways of approaching our task, that none are yet proven, and therefore all are experimental. Let us continue then with all that seems reasonably good, just making sure that our experiments are controlled and conducted as far as possible with scientific precision. In time we shall learn to define our problems clearly, the essential factors will be disentangled from the incidental, and our various schools will arrive, mayhap by devious routes, at the same objective point of a satisfactory preparation for the public health nurse."



## News Notes

### ALBERTA

**Calgary:** Miss Tena MacKay (N/S) has returned from Chicago and accepted the position of night superintendent at the University Hospital, Edmonton.

Miss Greig, assistant superintendent of the Provincial Orthopaedic Hospital, Edmonton, spent Christmas in the city.

Miss M. McInall has accepted a position on the staff of the Hanna Municipal Hospital.

Miss Hay has been appointed to the position of night superintendent at the Calgary General Hospital. The position was resigned by Miss Lillian Kerr on her recent marriage.

Miss Kathleen Holmes has accepted a position on the staff of the Nanton Hospital. Miss Lucy Wilson has been appointed night superintendent at Drumheller Hospital. Miss Marion Cousins has joined the staff of the new Provincial Orthopaedic Hospital, Edmonton.

The many friends of Miss M. Molloy much regret her very serious illness.

### BRITISH COLUMBIA

**Vancouver:** The monthly meeting of the Vancouver Graduate Nurses Association was held in the Nurses' Home of the Vancouver General Hospital on December 14th at 8 p.m., the president, Miss Ewart, in the chair. The minutes of the last meeting were read and new business discussed. Opinion was divided on the subject of providing a playground for the children in the crèche, some members considering such provision the duty of the city and outside the province of the Association. Business concluded, Miss Elizabeth Smellie gave a most interesting talk, regrettably short owing to the fact that a special programme had been prepared by the private duty nurses to celebrate a shower for Miss Munslow, whose wedding was arranged to take place early in January. The whole programme was well carried through and the gifts varied and numerous, without any duplicates. Following the shower refreshments were served in the rotunda of the home and the party dispersed, after a most enjoyable evening, saddened a little by the thought that they were losing their efficient and ever ready secretary.

### MANITOBA

**Winnipeg General Hospital:** Miss M. Macrae, 1911, has resigned her position on the staff of the Bureau of Child Hygiene, Winnipeg, and has left for California.

Miss Grace Bedford, 1920, has accompanied her father to Florida for the winter months.

Miss C. Thom, 1909, has been called to Trail, B.C., owing to the illness of her sister.

Miss Lillian Arnold is a new member of the staff of the Social Service Department, W.G.H.

Miss A. F. Mitchell, 1914, has left for Revelstoke, B.C., to take charge of the hospital at that place.

The friends of Miss M. Musgrove, 1918, regret to hear that she has been ill and in the hospital for some months.

At the last meeting of the Alumnae Association it was decided to make the journal, which has been published every three months, an annual number.

### NEW BRUNSWICK ST. STEPHEN

**Chipman Memorial Hospital:** Among those who successfully passed their registration examinations were the Misses Alyce McConnell, Rosa Madson, Helen Mowatt, Eileen O'Brien, Jennie Sinclair and Estelle Gibbon.

Miss Hazel Darker, surgical supervisor, is spending a well-earned vacation at her home, Sherbrooke, P.Q.

Miss Bessie Banfill, night supervisor, spent Christmas at her home at Sherbrooke, P.Q.

Misses Edna Harvey and Alyce McConnell have gone to Ste. Agathe, P.Q., to take a post graduate course in tuberculosis nursing.

Miss Marie Kirkpatrick, anaesthetist, spent Christmas at her home, Rothesay, and the Misses Nellie Spinney and Lole Mersereau were at Hoyt, at the latter's home.

Sincere sympathy is extended to Miss Bessie Budd, superintendent of nurses at Yonker's Homeopathic Hospital, who has been called home by the death of her father.

Miss Gertrude Hughes has returned after having spent some time at her home in Devon.

Misses Helen Mowatt and Ruth Hagerman have returned to take up private duty nursing, after having spent a few days in Woodstock.

### SAINT JOHN

**General Public Hospital:** On December 31st, 1927, Miss E. J. Mitchell was presented with a beautiful silver tray and handsome three-piece silver tea service on her retirement from the position of matron, after thirty years of devoted

service to the hospital. The tray, a gift from the indoor and outdoor staff, was handed to Miss Mitchell by Dr. J. M. Barry, who spoke in terms of highest appreciation of her service to the hospital. Miss Margaret Murdoch, superintendent of nurses, made the presentation of the three-piece silver tea set on behalf of the nurses and dietitians. During her connection with the hospital Miss Mitchell has seen its services greatly extended and its nursing staff increased from 12 to 70.

### NOVA SCOTIA

**Halifax:** The Halifax Local Branch, R.N.A.N.S., at the regular meeting on October 11th, 1927, decided to honour Dr. John Stewart by recognizing in some way the 50th anniversary of his entry into the field of medicine. This desire eventually took the form of an endowed cot in the Children's Hospital for one year. A beautifully illuminated address was presented to Dr. Stewart, couched in words that told him of the high regard in which he is held by the Association.

The graduating exercises of the Victoria General Hospital were held at the School for the Blind, Tuesday, November 22nd, 1927. Thirteen nurses received diplomas. Miss Gertrude B. Konig, of Sydney, and Miss Lillian S. MacInnes, of Imperoyal, were awarded prizes for general proficiency. The others graduating were the Misses Vera J. Dauphinee, of Hacketts Cove; Addie M. Smith, LaHave; Marie K. Richards, LaHave; Dorothy I. Miller, Lunenburg; Bessie M. Mont, Halifax; Mary E. MacDonald, Gabarous; Marian L. Ripley, River Herbert; Jessie M. MacLeod, Stellarton; Marion L. Conrad, East LaHave; Lydia A. White, Noel Road, and Hazel L. Kennedy, of Joggins.

The Hon. Mr. G. S. Harrington presented the diplomas and delivered a very interesting address, as did also Dr. A. R. Cunningham, Rev. Father E. McManus, Hon. J. F. Fraser, and Mr. W. W. Kenny, superintendent of the hospital.

Christmas holidays were spent by Miss A. Edith Fenton visiting her parents in Toronto; Miss Gertrude J. Crosby joined her parents at Port Morien, C.B.; Miss Marjorie E. Treffry was with her sister at Truro, and Miss Agnes D. Carson visited her sister at St. Andrews, N.B.

The Halifax Branch R.N.A. of Nova Scotia extends sincere sympathy to Miss E. O. R. Brown in the loss of her father, and to Miss Gertrude J. Crosby in the loss of her sister.

The many friends of Nursing Sister Laura M. Hubley will regret to learn that she met with a painful accident shortly after arriving at London, Ontario, and express sincere wishes for a speedy recovery.

### ONTARIO

At the request of the provincial publication committee, the editor of The Canadian Nurse has written the superintendent of every hospital in the province urging an increase in the number of magazines provided for the use of the student nurses. Many of these younger nurses may be dependent upon the magazine alone for information about the coming international conference. The inspiration of that conference should not be lost to them.

### DISTRICT 4

**Hamilton General Hospital:** Early in 1927 the Alumnae inaugurated a Mutual Benefit Association, membership being open to all members of the Alumnae in good standing. The payment of the initial fee of \$10.00 and an annual fee of \$2.00, entitles members of the Association to free hospital care for a period of eight weeks, or \$5.00 a week for a period of eight weeks under medical care at home. Members become eligible for benefits six months after the date of joining the Association. To date the response has been most satisfactory and there are now close to one hundred and twenty-five members. It is hoped that every nurse will realize and appreciate the benefit of such a splendid undertaking as the Mutual Benefit Association and give it the support it deserves. Miss Lila Hack, 25 West Avenue South, has kindly consented to act as treasurer.

On November 29th the Alumnae held a dance and bridge, the success of which was most gratifying to the committee in charge.

Her many friends will regret to learn that Miss Annie Black is confined to the hospital, where she is slowly recovering from a serious operation. Mrs. Agnes Haygarth and Miss Flossie Armstrong are convalescing from recent operations; the latter at her home in Midland.

We regret to report the death of Miss Lillian Breay, who commenced training with the 1915 class, but owing to ill health was unable to complete her training.

Miss Ida May Gardiner left on January 8th for Haileybury, en route for Redditt, where she will take charge of a Red Cross Outpost. Miss Tilden is now at the Outpost at Thessalon. Miss Hobden and Miss Kemple have accepted positions in the Parry Sound and Guelph General Hospitals, respectively. Miss F. Nancekivell has accepted a position in connection with a United Church Mission in the west, and Mrs. Kathleen Wythe one on the Board of Health in Hamilton.

Miss K. Lane is spending the winter in California, and Miss Jessie Duncan with friends at Port Huron.

Dr. and Mrs. Alvin Stewart (Violet Forman) have returned from Europe,



where they spent two years, and are now living at Port Perry.

The following nurses are engaged in private duty nursing: Misses Annie Kerr, Muriel Booker, Edith Carbert, Mrs. Moriarty (Carrie Boyce), and Miss Gladys Taylor—the latter in Fort William.

**Brantford:** A well-attended meeting of the Alumnae Association of the Brantford General Hospital was held in the Nurses' Residence of the hospital on January 3rd, 1928. After routine business had been transacted Miss Arnold favoured the company with a pianoforte solo. The serving of refreshments brought to a close a very interesting meeting.

Miss Edna Clarke, of Boston, Mass., spent Christmas with her parents in Toronto. Mrs. Buckley (Ida Isbister) spent the Christmas holidays with her parents in Brantford.

**Mack Training School, St. Catharines:** Miss Annie Calvin is spending a few months with her sister, Mrs. Buschler, of Chicago, who is also a graduate of the Mack Training School.

## DISTRICT 5

### Toronto

**Toronto General Hospital:** Miss Nellie Doig, 1927, has accepted a position on the staff in charge of an operating room.

Miss Clara Wheatley, 1920, has resigned from the staff and is leaving shortly for Los Angeles. Miss Bertha Woolford, 1917, is succeeding Miss Wheatley as night supervisor of the Private Patients' Pavilion.

Miss Brown, of the Out-Patients' Department, has been granted six months leave of absence, and is being relieved by Miss Phyllis Mosley, 1927.

Miss June McKelvey, 1927, will be in charge of Ward "I" until Miss Grace Delahey, who had the misfortune to break her ankle, is able to return to duty.

**Wellesley Hospital:** At the October meeting of the Alumnae Association Dr. Hipwell gave a very interesting address on diabetes.

Six Wellesley nurses are leaving shortly to do private duty nursing in New York and Washington. Partly in their honour, a dance was given at the King Edward Hotel on January 9th.

**Women's College Hospital:** The Alumnae of the Women's College Hospital, Toronto, combined social and professional interests when they held a Hope Chest contest recently. A substantial sum was added to Alumnae funds.

**Toronto Western Hospital:** The monthly meeting of the Alumnae was held in the Nurses' Residence on December 13th, and was very well attended. The financial

report for the year ending December was submitted by Miss Marjorie Agnew, secretary-treasurer, and the social report by Miss Grace Ryde, recording secretary. The business of the evening completed, refreshments were served.

The annual Christmas party for the patients attending the Out Patients' Department was held on December 30th. The Alumnae donated \$35.00 to this much appreciated entertainment.

Friends of Mrs. Victoria Ross (Victoria Bender) will be pleased to hear that she is recovering from her very serious illness, and that Miss Flora Geiger, 1921, who recently underwent an operation for appendicitis, is now convalescing at her home in Brockville.

Miss Ethel Grose, 1923, is doing industrial nursing with the Canadian General Electric Company during Miss Geiger's absence. Mrs. Elizabeth Duff, 1920, is acting temporarily on the staff of the Nursing Division of the Toronto Health Department. Miss Winifred Walker, 1925, is school nurse in Fairbanks Township, near Toronto, and Miss Thelma Lowrey, 1924, has returned from Buffalo, where she was engaged in hospital work, and has resumed duty with the Toronto Health Department.

**Grace Hospital:** At the January meeting of the Alumnae Miss Florence Emory, assistant director of the Department of Public Health, University of Toronto, gave a splendid address on Some Impressions of Nursing and Health Activities in England and France. The February meeting will be a social evening in the form of a "bridge," and will be held at the Sherbourne House Club.

Miss Hilda Vohmann has left North Bay and is now continuing her work with the Victorian Order of Nurses in East York.

## DISTRICT 6

**Peterboro:** The twentieth annual meeting of the Nicholl's Hospital Alumnae Association was held at the Nurses' Residence Argyle St., on November 23rd, when Miss F. Dixon was re-elected president of the Association. A hearty vote of thanks was tendered Mrs. Leeson and staff for their kind and never-failing hospitality during the past year, after which Miss Dixon was presented with a lovely bouquet of roses, in which a diamond bar pin was cunningly concealed. Dr. Fraser, of the Peterboro branch of the Provincial Laboratory, gave a most interesting and instructive address on the Social Side of Venereal Diseases. At the conclusion of the address tea was served.

## DISTRICT 7

**Brockville:** The quarterly meeting of the district association was held at the Brockville General Hospital in November. The next meeting will be held on January 23rd, at the Kingston General Hospital.

Miss Myrtle MacMillan, R.R.C., has accepted the position of superintendent of Smith's Falls Hospital.

**Brockville General Hospital:** During the past year the Alumnae Association has contributed to the refurnishing of the nurses' reception room and has purchased an x-ray machine (bedside unit) for the hospital. The funds were raised by successful dances held in February and November.

The regular meeting of the Alumnae on December 6th was the occasion for a delightful shower given by the staff and Alumnae friends of Miss Jessie Harold, nurse technician in the x-ray department, who resigned in October.

**Kingston General Hospital:** The Alumnae has decided to contribute \$1,000.00 for the furnishing of the class room in the new Nurses' Residence. This room was opened with a Christmas tree celebration on Christmas Eve and a musical evening Christmas week.

Misses Violet Steele, 1927; Gertrude MacLean, 1927, and Violet Sansome, 1927, are doing general duty at Willard Parker Hospital, New York City.

Mrs. Herbert Burleigh (Dorothy Howard, 1922), of Newton Falls, N.Y., visited in Kingston in December. A delightful miscellaneous shower was given the recent bride by Mrs. Lionel MacKay (Gertrude Fitzsimmons).

Miss Gladys Ranous, 1926, has returned from New York to private nursing in Kingston. Miss Lavina Ballantyne, 1926, is on duty at the Willard Parker Hospital, and Miss Keitha McQuoid, 1927, the Memorial Hospital, Medina, N.Y. Miss Olive Lawson, 1927, is operating room nurse at the Memorial Hospital, Medina, and Miss Gladys McBroom, 1927, is on the staff of the Smith's Falls Hospital.

Miss Olivia M. Wilson, ward supervisor, who has been granted two months' leave of absence, is taking a trip to Bermuda.

**Hotel Dieu Hospital:** The regular meeting of the Alumnae was held in the Nurses' Residence on November 1st, and a successful bridge party in St. Joseph's Hall on November 8th, when news was gathered of the membership.

Miss K. Donaghue is doing private nursing in Brooklyn, N.Y., Miss Mary McLennan in Pontiac, Michigan, and Miss M. Cavanagh, Miss A. Hilton and Miss C. Fowler, in Montreal. Miss Myrtle McDonald, 1926, has returned to Kingston from private duty nursing in Montreal.

Miss May Gibson, 1916, is superinten-

dent of St. Joseph's Hospital, Hamilton; Miss Phyllis Baillie is night supervisor in St. Mary's Hospital, Montreal; Miss Agnes Dungan, 1924, is with the Manhattan Eye and Ear Clinic, New York; Miss U. Buckley with the Henry Ford Hospital, Detroit, and Miss K. Freeman with the Hartford Hospital.

Miss Anna Cunningham, 1917, is doing social service work in Detroit.

QUEBEC  
QUEBEC

**Jeffery Hale's Hospital:** At the December meeting of the Alumnae Association Dr. W. H. Delaney gave a very interesting lecture on high blood pressure.

Miss Ethel Forrest, 1916, presented the Alumnae Association with a donation of \$100, which the members feel very grateful and thankful for.

## MONTREAL

**Royal Victoria Hospital:** Miss C. Hodge, 1922, has recently returned from Australia, where she has been nursing for over a year.

Miss I. Goodearle, 1924, has taken a position at Twillingate Hospital, Labrador.

Miss Winifred Wallace, 1918, who has been in charge of the Out-Patient Department, has recently resigned and is now in Miami, Florida. Miss Smallman, 1925, is now in charge of the Outdoor Department, with Miss Helen Sharpe, 1927, as assistant.

Miss K. Hill, 1922, recently at the Public Hospital, Fredericton, N.B., is in charge of Ward "L" (urology), and Miss Burdon, 1925, is now night supervisor of the New Pavilion.

Miss Clara Prescott, 1922, is taking the course at McGill University this year.

Miss Edith B. Hurley, professor of nursing at the University of Montreal, gave a very interesting address on her trip to Europe at the December meeting of the Alumnae Association.

The R.V.H. Table at the Nurses' Bazaar, held in the Ritz-Carlton last month, realized the sum of \$1,096.00.

The annual meeting of the Alumnae was held on the evening of January 11th in the Nurses' Home. Officers were elected for 1928 and other business transacted.

**Montreal General Hospital:** All members of the Alumnae extend a hearty welcome to Miss Mabel K. Holt, 1919, as lady superintendent of Montreal General Hospital, and wish her every success in her new field of work. Miss Holt has always been a special favourite among the nurses, both graduate and undergraduate.

At the annual meeting of the Montreal Graduate Nurses Association, January 10th, members of the Alumnae elected to office for 1928 were: Miss Caroline Barrett, president; Miss Agnes Jamieson,



second vice-president; to executive committee, Misses Christina Watling, Amy DesBrisay, Margaret Macfarlane, Margaret Lawrence, Evelyn Hamilton and Esther Lewis.

Misses Hilda Little, 1923, and Ida Heney, 1924, have gone to Bermuda to do private duty nursing.

Many M.G.H. graduates spent their Christmas holidays at their respective homes.

Miss Dorothy McCarogher 1923, who is attending Columbia University, spent the holiday season with friends in Montreal.

The members of the Alumnae extend sympathy to Miss Martha Armstrong and Mrs. Ernest Delaney (nee Mina Barry), in the loss of their mothers.

Miss Doris Lewis, 1926, has been appointed to the staff of Grand'Mere Hospital, Grand'Mere, P.Q., as night supervisor, and Miss Evelyn Horsfall, 1925, is doing floor duty in the same institution.

Miss Edythe Ward, 1923, has accepted

the position of assistant superintendent. Miss Marie LeBlanc, 1927, has succeeded her as charge nurse of Ward J. Miss Dorothea MacRae, 1927, is engaged on floor duty.

## SASKATCHEWAN

**Wadena:** After seven years' service as matron at the Union Hospital, Miss N. Storey has found it necessary to sever her connection with the hospital to reside with her parents in Winnipeg. Presentation of a handsome travelling bag was made by the hospital board and a diamond brooch by the ladies' hospital auxiliary and community, accompanied by addresses expressing their esteem and appreciation of Miss Storey's past services. Miss K. Gregory, assistant matron, succeeds Miss Storey as matron. Miss Storey and Miss Gregory are graduates of the Brandon General Hospital, 1914 and 1913 respectively.

The nurses in Ontario will be interested in the following statistics which have been prepared by the secretary of the Registered Nurses Association of Ontario:

	Nurses Registered	Members of R.N.A.O.	Subscribers to Magazine
District 1.....	1,001	215	102
District 2 }.....	699	64	97
District 3 }.....			
District 4.....	422	200	264
District 5.....	2,109	465	549
District 6.....	261	47	50
District 7.....	279	52	63
District 8.....	584	193	132
District 9.....	110	38	34
District 10.....	121	73	17
Total.....	5,586	1,347	1,308

## C.A.M.N.S. News Notes

### EDMONTON

Nursing sisters to spend Christmas in Edmonton were: Mrs. Clifford Trueman, of Vancouver (N/S Mary Wilkin); Miss M. Savelle, of Calgary; Miss K. Lonsdale, Medicine Hat.

N/S Mary Shearer is now doing special nursing in the hospital where she took her training, in Seattle.

N/S McKay, of the General Hospital, Calgary, is now night supervisor at University Hospital, Edmonton, and is a new member of this club.

N/S Olive Watherston, of the Public Health Department, is now stationed at Peers, Alberta.

N/S Mrs. Rosser, who returned to England on account of ill health, is not yet well enough to travel home.

Mrs. Allan Rankin (N/S Florence West) has been ill for some months. Her many

friends hope that she will soon be well and strong again.

Christmas messages were sent to out-of-town members.

It has been the custom of the club to send boxes to families of overseas men who were in need of help at Christmas time. This year, by private subscriptions, the club was able to send cheer to five families settled on the land in outlying districts.

Mrs. G. G. Stewart, president, and Dr. Stewart, entertained the members, husbands and friends at a bridge supper on Friday, December 16th, 1927. Everyone had a very happy time.

At the December meeting, held in Miss Munroe's suite, Royal Alexandra Hospital, it was decided the club should meet monthly during the winter. The January meeting was held at the home of Mrs. Harold Orr (N/S Margaret West).

## WINNIPEG

The Overseas Nurses' Club held their annual Armistice Tea at the Marlborough Hotel on the afternoon of November 11th. The tea room was prettily decorated for the occasion. Mrs. Parker and Mrs. Morrison poured for the first hour and were relieved by Mrs. A. D. McLeod and Mrs. Thorburn. Those assisting in serving were: Mrs. Cooper, Mrs. Collin, Mrs. Sanderson and Mrs. Cowan. Miss G. Billyard, who has been in California for some years, arrived in the city on the morning of the 11th, and attended the tea. Her many friends in the club were pleased to welcome her home. During the afternoon Mr. R. Bowler, soldier's advisor of the Provincial Command Canadian Legion, B.E.S.L., addressed the club on the Aims and Objects of the Legion and the necessity of all returned people becoming members. There were about forty ex-nursing sisters present and a most enjoyable afternoon was spent. Mr. Tomlinson, the blind pianist, provided music for the occasion. (Note: Received too late for January issue.)

Miss Eve Morkill, of Chicago, spent the holiday season in Winnipeg, the guest of her father.

Mrs. N. McCreery, who has been in New York for a year, is spending a few days

in Winnipeg, visiting relatives and friends.

Miss M. Meehan, who has been on the Provincial Health Staff for some time, is spending three months in California.

Miss M. McCrae has resigned her position with the Bureau of Child Hygiene, and has gone to California, where she will reside in future.

The many friends of Mrs. (Dr.) Bond, a veteran of the South African War, and an honorary member of the club, will be pleased to learn that she is able to be about again after her recent illness.

Miss E. Hudson, president of the club and a member of the Manitoba Red Cross Society, spent the holiday with friends in the east.

Miss G. Billyard, who recently returned from California, expects to reside in Winnipeg permanently, and is at present doing special nursing.

Miss Olive Garland, matron of Deer Lodge Hospital, entertained at bridge in honour of Miss E. Morkill and Mrs. N. McCreery while they were visiting in the city.

Miss E. M. Best (W.G.H.), of the American Hospital Staff, Mexico City, spent Christmas with Miss Alice Chafe (St. Boniface Hospital) in Pachuca, Mexico.

## BIRTHS, MARRIAGES AND DEATHS

## BIRTHS

AUDEN—On December 30th, 1927, at Dayton, Ohio, U.S.A., to Mr. and Mrs. Humphrey Auden (Doreen Wilson, Toronto General Hospital, 1919), a son (Digby Michael).

BARNES—On November 9th, 1927, at Yorkton, Sask., to Dr. and Mrs. Leslie Barnes (Mabel Walcott, Toronto Western Hospital, 1920), a son.

BIRD—On December 23rd, 1927, at Toronto, to Dr. and Mrs. A. E. Bird (Helen Mortimer, Toronto General Hospital, 1920), of Gananoque, Ontario, twin sons.

BOLE—On November 12th, 1927, at Hamilton, to Mr. and Mrs. Wilfred Bole (Nan Van Balkan, 1920), a daughter (Beverley Phyllis).

BRADT—On January 1st, 1928, at St. Catharines, to Mr. and Mrs. Leo Bradt (Gertrude McGennes, General and Marine Hospital, St. Catharines), a daughter.

BROW—On November 20th, 1927, at Montreal, to Dr. and Mrs. Brow (Helen Rogers, Royal Victoria Hospital, Montreal, 1921), a daughter.

CARPENTER—In November, 1927, to Mr. and Mrs. N. H. Carpenter (Vera Zufelt, Kingston General Hospital, 1921), a daughter.

COCKBURN—On January 3rd, 1928, at Toronto, to Mr. and Mrs. W. J. Cock-

burn (Clair Louise Tilt, Grace Hospital, Toronto, 1920), a daughter.

DARKER—On October 2nd, 1927, to Mr. and Mrs. W. A. Darker (Mary Ellen Beatrice Nairn, Grace Hospital, Toronto, 1920), of St. Catharines, Ont., a daughter (Elaine Marion).

FOX—On November 8th, 1927, in Toronto, to Mr. and Mrs. Fox (Fern Johnson, Wellesley Hospital, Toronto, 1925), a daughter (Shirley Jane).

GOW—On November 8th, 1927, to Mr. and Mrs. S. L. Gow (J. Macey, Winnipeg General Hospital, 1916), of Norwood, Manitoba, twin sons.

GRAHAME—On November 8th, 1927, at Starkwater, S. Dakota, to Dr. and Mrs. J. D. Grahame (Louise McLaren, Toronto Western Hospital, 1924), a son.

HAYDEN—On December 28th, 1927, at Montreal, to Mr. and Mrs. F. Hayden (Ruth Hooper, Royal Victoria Hospital, Montreal, 1923), a daughter.

HUMPHREY—On December 24th, 1927, at Toronto, to Mr. and Mrs. W. Humphrey (Gertrude M. Roberts, Grace Hospital, Toronto, 1916), a daughter (Barbara Ann).

LUMSDEN—On December 2nd, 1927, at Hamilton, Ont., to Mr. and Mrs. Hugh Lumsden (Latimer, Hamilton General Hospital, 1926), a son.



McCULLOUGH—On August 15th, 1927, in Hamilton, to Mr. and Mrs. W. J. McCullough (Milliman, Hamilton General Hospital, 1925), a son.

PRINGLE—On December 8th, 1927, at Peterborough, to Mr. and Mrs. Maurice Pringle (Margaret Bulmer, Nicholl's Hospital, Peterboro, 1922), a daughter.

STEWART—In October, 1927, at Hamilton, Ont., to Dr. and Mrs. Alvin Stewart (V. Forman, Hamilton General Hospital, 1918), a daughter.

WOODS—On October 10th, 1927, at Thorold, Ont., to Mr. and Mrs. Stanley Woods (Dorothy Hoover, General and Marine Hospital, St. Catharines), a son.

#### MARRIAGES

BAILEY—MOORE—On December 24th, 1927, in Toronto, Jennie Marie Moore (Brockville General Hospital, 1923) to R. A. Bailey, of Toronto. At home—North Bay.

BOX—BRADEN—On September 3rd, 1927, Beatrice Olive Braden (Toronto Western Hospital, 1922) to James Evans Box. At home—Rouyn, Quebec.

BROCK—ROWE—On December 14th, 1927, in Regina, Charlotte E. Rowe (Regina General Hospital) to Harvey Brock, of Regina.

BROWN—CLAY—On October 5th, 1927, Jessie Maud Clay, of Vancouver (Toronto Western Hospital) to Robert Brown. At home—Toronto, Ont.

GORDON—GREENWOOD—On November 3rd, 1927, at San Francisco, Minerva Sophia Greenwood (Toronto Orthopaedic Hospital, 1924) to John Gordon, formerly of Toronto, Ont.

HARPER—HAROLD—On November 11th, 1927, at Kingston, Jessie L. Harold (Kingston General Hospital, 1921) to Lawrence Harper.

HUDSON—DePENSIER—Recently, at Toronto, Marjorie DePensier (Toronto General Hospital, 1922) to Dr. Louis Hudson, of Toronto.

KLYNE—BARRINGTON—On October 25th, 1927, at Brockville, Ont., Bessie A. Barrington (Brockville General Hospital, 1925) to H. S. Klyne. At home—Smith's Falls, Ont.

LAING—URQUHART—On January 6th, 1928, at Eustatia, Beacon-on-Hudson, New York, Jean Urquhart (Winnipeg General Hospital) to Dr. William Watson Laing.

LEMON—LEITCH—On December 27th, 1927, at Aylmer, Ont., Frankie Leitch (Toronto General Hospital, 1917) to Rae Lemon.

LONEY—JOHNSON—On January 2nd, 1928, at Calgary, Alta., Eva Myrtle Johnson (Calgary General Hospital, 1918) to Thomas Loney, of Calgary. At home—1228-13th Ave. W., Calgary.

MERRITT—GIBSON—In December, 1927, at Hamilton, Ont., Gladys Gibson (Kingston General Hospital, 1924) to Norman Merritt, of Grimsby, Ont.

MURRAY—SMITH—On November 7th, 1927, at Athol, N.S., Ruth Smith (Royal Victoria Hospital, Montreal) to W. Kerr Murray, of Truro, N.S. At home—Halifax, N.S.

PATTEE—KERR—On December 28th, 1927, at Calgary, Alta., Lillian Kerr (Calgary General Hospital, 1925) to John Pattee, B.A. At home—Namptha, Idaho.

PIERCE—CORMACK—On November 29th, 1927, at Honolulu, Minnie Cormack (Winnipeg General Hospital, 1913) to John Pierce. At home—Honolulu.

PLEWIS—BISHOP—Recently, at Hamilton, Annie Bishop (Hamilton General Hospital, 1927) to Dr. W. Plews, of Brantford.

PURCELL—TROTTER—On November 5th, 1927, at Kingston, Beatrice A. Trotter (Kingston General Hospital, 1927) to Edward Purcell, of Athens, Ont.

SHERWOOD—ELDALE—On December 24th, 1927, at Calgary, Alta., Mamie Ina Eldale (Holy Cross Hospital) to J. Wilfred Sherwood, of Provost, Alta. At home—Provost, Alta.

SHREVE—GLASS—On December 28th, 1927, at Quebec, Edith S. Glass (Jeffery Hale Hospital, 1918) to Richmond S. Shreve, of Halifax, N.S.

SMITH—STOREY—On May 23rd, 1927, at Foxboro, Ont., Florence M. Storey (Kingston General Hospital, 1926) to Clifford F. Smith, of Traverse City, Mich.

THOMPSON—BROWN—Recently, Mae Brown (Jeffery Hale Hospital, 1926) to Mr. Thompson, of Farrans Point, Ont.

VON VALKENBURG—DOWN—On October 27th, 1927, at Kingston, Ont., Annie Down (Kingston General Hospital, 1924) to John Von Valkenburg.

WATERMAN—CLARKE—Recently, Marjorie Clarke (Jeffery Hale Hospital, 1926) to Mr. Waterman, of Ottawa, Ont.

WILSON—ALLEN—On December 26th, 1927, at Cabri, Sask., Jessie Allen (Regina General Hospital) to Dr. Angus Wilson, of Milestone, Sask.

#### DEATHS

JONES—On December 11th, 1927, at Ottawa, Nancy Jones (Regina General Hospital), daughter of Mrs. R. Jones, of Ottawa, formerly of Regina.

MCCORMACK—On January 1st, 1928, at Consort, Alta., Mrs. J. P. McCormack (Agnes A. Doyle, Holy Cross Hospital, Calgary, Alta.)

TROTTER—On December 28th, 1927, at Saskatoon, A. I. Trotter (nee Mary Browne "Daisy" Brittain, Montreal General Hospital, 1912).

The Canadian Nurse has received the following article from the California State Nurses' Association, Inc., which may be of interest to some of our readers:—

The increasing arrival in California of nurses from all points, including the foreign countries, under the impression that California offers a most attractive and unlimited field for special duty nursing and for institutional work, is occasioning growing concern here for those who come seeking employment. The situation has had serious discussion in the recent meeting of the board of directors of the California State Nurses' Association and the matter of publicity has been carefully considered.

Registrars, district and state officers do not wish to appear inhospitable, but feel that it is just to would-be visitors to advise that they communicate with the State secretary or with the secretary of the district to which they desire to go and ask for particulars in regard to nursing conditions before entering a community. The local situation in San Francisco, as shown by records kept of inquiries by letter and interview, does not differ from the situation in other parts of the country where conditions of unemployment exist. Local graduates and resident nurses throughout the State are remaining on call for unusually long periods, and we believe it is taking the right steps to prevent future unhappiness when nurses are warned not to leave present fields of fairly certain employment to venture into situations of which they have not informed themselves in advance.

### THE Manitoba Nurses' Central Directory

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This year the All-Canadian Standard Tour will follow along much the same route as last year, but there are fascinating extensions to lands of Romance and History, and fresh paths for those who would explore.



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The official organ of the Canadian Nurses Association, owners, editors and managers. Published monthly at the National Office, Canadian Nurses Association, 511 Boyd Building, Winnipeg, Man.

Editor and Business Manager: JEAN S. WILSON, Reg.N.

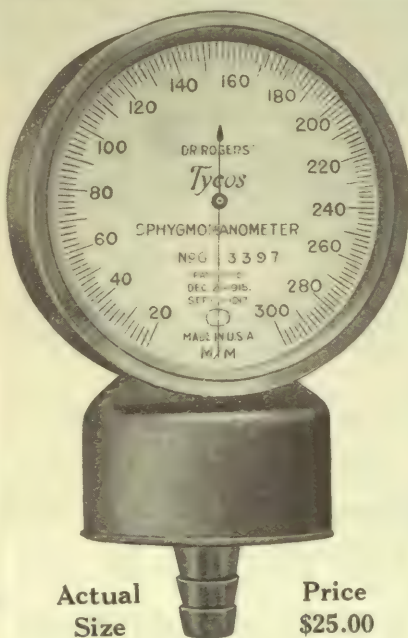
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# The Canadian Nurse

A Monthly Journal for the Nurses of Canada  
Published by the Canadian Nurses Association

Vol. XXIV.                      WINNIPEG, MAN., MARCH, 1928                      No. 3

Registered at Ottawa, Canada, as second-class matter  
Entered as second-class matter March 19th, 1905, at the Post Office, Buffalo, N.Y., under the Act of Congress, March 3rd, 1897  
Editor and Business Manager:—  
JEAN S. WILSON, Reg. N., 511 Boyd Building, Winnipeg, Man.

## MARCH, 1928

### CONTENTS

	PAGE
THE CONTRIBUTION OF THE VOLUNTEER TO NURSING	
SERVICE - - - - - <i>Dr. Helen R. Y. Reid</i>	115
EDITORIAL - - - - -	123
MINOT-MURPHY DIET, THE - - - - - <i>Ivy Dorothy Layton</i>	125
MY IDEAL NURSE - - - - - <i>Louise Stedham</i>	126
VIGNETTES FROM THE HISTORY OF NURSING:	
Nos. X, XI, XII - - - - -	127
MANITOBA ASSOCIATION OF GRADUATE NURSES - - - <i>C. de N. Fraser</i>	131
BARONESS MANNERHEIM; WITH PHOTOGRAPH - - -	136
DEPARTMENT OF NURSING EDUCATION:	
X-RAY AND THE NURSE - - - - - <i>Dr. A. Stanley Kirkland</i>	138
CONFERENCE ON UNIVERSITY COURSES IN NURSING,	
REPORT OF - - - - - <i>Grace M. Fairley</i>	141
DEPARTMENT OF PRIVATE DUTY NURSING:	
RADIUM - - - - - <i>Dr. Eleanor Percival</i>	143
NEWS NOTES - - - - -	146
OFFICIAL DIRECTORY - - - - -	157

# The Contribution of the Volunteer to Nursing Service\*

By Dr. HELEN E. Y. REID, Montreal

In our democratic world of the west the objective of government is still supposed to be the happiness and well-being of the individual—and the individual in the last analysis decides if his government is contributing to that end. In like manner the objective of modern health work is the physical and mental well-being of the individual, who, with his family, is the ultimate judge of the services rendered to him by the medical and nursing professions.

Can governments function successfully without the co-operation of the citizens? No. This is a mutual enterprise depending for its development and success on the leadership of the few, and the intelligent and willing association of the many. To provide adequate nursing care for the community is the responsibility of the nursing profession. This responsibility, in like manner, can only be successfully met when leadership is assured and when there are in association representatives of all the interests affected.

Recognized leadership by fully qualified leaders is essential in every field of life today. With the increasing complexity in human affairs, our problems call unceasingly for the services of the expert, while our democratic inheritance and disposition still insist that it shall be not a leadership from above, but a leadership in association with others who are not only vitally concerned but who are willing to give disinterested educated service. Such guidance, such leadership the volunteer now expects and receives from the best type of professionals in health work

—both doctors and nurses—as in other fields of social activities. The Mussolini type of leader, it is true, still has its followers and admirers. We like to take what seems to be a short cut to health and plenty when we can, and Boards of directors still continue to appoint executive officers under the misapprehension that they can do the whole job and that the only service Boards should render is to provide funds and not interfere with the administration. The aloof attitude of the conventional professional encourages the continuance of what is really an unfortunate situation, expressive of a general misunderstanding\* of the value of team work where everyone has his part to play if real progress is to be made. Doctors do not like the removal of the “no trespass” signs. Like high priests they cling to their job of interpreting the omens. Mussolinis, even the benevolent kind, die and leave their followers undeveloped in controls, imagination and initiative because they have never been educated to assume responsibility, nor have they acquired the habit of thinking of community interests and community needs as directly related to themselves. True democratic leadership is content to make haste slowly in order that a firm and sure foundation be established through education, experience and co-operation on which to build a better and healthier social order.

In all health work there are manifold opportunities for this team play between doctors, nurses and volunteers. Evidences of the recognition of such opportunities are found more readily, perhaps, up to the present in the field of public health and preven-

(\*Paper read at the annual meeting of the Registered Nurses Association of Ontario, 1927.)



tive medicine than in hospitals and training schools for nurses: witness the wonderful development of volunteer service in connection with Visiting Nursing Associations, with Child Welfare Centres, milk in the schools, group teaching of mothers, Little Mothers' Leagues, etc.; in fact, in connection with the general education of the community in the meaning and value of health practice.

The initiative for the establishment of a visiting nurse in a community has always been taken by volunteers, with the single great exception of Miss Lillian Wald of Henry Street. In 1859 Mr. Rathbone, a merchant of Liverpool, conceived the plan of having a trained nurse visit in the homes of the poor, and since then hundreds of public-spirited individuals or groups of individuals have assumed the responsibility for organizing, financing and administering the work of the professional visiting nurse. We are counting, too, by the hundreds—nay, thousands—the lay men and women who are associated with some form of health work in voluntary national organizations, such as the Mental and Social Hygiene Councils, Red Cross and Child Welfare, as well as the Victorian Order of Nurses, all of which have community health in some specific form for their object; and in service clubs, Women's Institutes, I.O.D.E., and other organizations which include the promotion of health in the programme of their interests and activities. Special contributions of great value and variety are given by such men and women. Raising money in general campaigns or for individual cases looms large in their service. Important, indeed, is the work done by educated members of faithful committees, who act not only as endorsers to the community of the work undertaken, but also as speakers, writers, and representatives at conference and council, thus interpreting their association's functions and the part it plays in the larger health programme of the community.

We have, too, responsible men and women who, with vision and courage, undertake under professional direction, the organization of demonstrations of new health-giving measures, and who carry on such work until its success has been so definitely established that the obligation devolves upon the official public health department to take it over as part of their regular programme. . . . Specific tasks are always a delight to those people who like to see immediate results of their work, and to express their sense of kinship with humanity by serving others in an active rather than an advisory capacity. And so we find other volunteers, under direction and with some form of training increasingly evident in their work, giving clerical service, motor and flower service, interviewing, recording, weighing and measuring babies whom they undress and dress, making bandages and clothing, finishing off work done by patients taking occupational therapy; establishing, too, fresh-air camps and other rest and out-door privileges for cardiacs, malnourished and crippled children, and for adults in need of this restoring care.

We have, then, on the one hand, hundreds of volunteers ready to be of service, and on the other an ever-increasing but never sufficient number of public health nurses in voluntary associations and in municipal and provincial service, all of whom are eager to serve the community. Definition of duties, of mutual relationships, will be constantly necessary if the work undertaken is not to be hampered by mistakes due to over-zeal, indifference, ignorance or lack of co-operation. No formal technique has yet been developed covering these relationships. We are at an interesting stage of growth in this regard. A rural community superintendent suggests in this connection that the time necessarily spent in the past on building up the technique of professional

standardization, procedures and routines, in adjusting relations between medical and nursing professions, should now be spent, in part at least, in developing the technique of working with committees and the community.

It is without doubt the duty of Boards to select a good visiting nurse director, and it is their duty to safeguard the health and general well-being of the staff. In their hands also lies the responsibility of defining general policy and seeing that it is carried out. It is they who raise the funds necessary to carry on the work and who have to answer to the subscribing public for the best returns possible in the way of health service. Board members, too, should educate themselves in the details, scope and possibilities of their own organization, as well as in conference with others on agency practices and community needs. They are slowly realizing the need for careful selection of new Board members and of definite work for them on the nursing, education, and other sub-committees. The advantage of rotation of service on these committees and on the Board itself is becoming increasingly evident. Most important of all, Board members feel the need for close and frequent individual contact with the superintendent of nurses. Education through association in work offers the surest guarantee for the continuance and the success of that work. Professional exclusiveness is, I think, less in evidence with the public health nurse than with those in hospital and private practice. Is it not true, however, that some superintendents, and many doctors, still prefer the kind of Board that concerns itself chiefly, if not wholly, with the raising of funds and the replenishing of supply cupboards? This does not make for complete partnership and the work will show this defect in the long run if not immediately. Pressure of time and work, together with a lack of under-

standing of the value and possibilities of the common service to be rendered, are accountable for this state of affairs. Frankness, mutual respect, vision and tolerance are required by both volunteer and professional, and they should provide a sound basis on which the technique of partnership can be worked out. No better proof can be quoted of the confidence shown by public health nurses in their lay partners in the field than by referring to the membership of the National Organization of Public Health Nursing in the United States, established 12 years ago, when a section in administration had a volunteer for chairman and another as chairman of finance. There are now over eight hundred lay members belonging to this organization. In joint conferences their mutual problems are being discussed and in this way, slowly but surely, there is being elaborated a technique of relationships between volunteer, doctor and nurse which will enhance the value of the professional woman in the special work for which she has been trained, while imposing higher standards on the volunteer, and a closer fellowship with finer team play on both.

Has progress been as marked in the socialization of the hospital? Do we find an equal confidence extended by the hospitals and training schools to the volunteers associated with them in their great undertaking? How many nursing schools and hospitals have advisory Boards, and what use is made of such Boards? May we not find in hospital work "a hierarchy of independent rulers and a professional autocracy of absolute power which may be a source of danger because of its independence of outside control, because of its ignorance of or indifference to outside values and standards?" And when the hospital is associated with university medical schools, is there not also a danger in the tendency to consider the hospital first as a clinical teaching field instead of recognizing



the fundamental truth that the hospital exists primarily for the patient and only secondarily as a training field for nurses and students? "Is not the usual attitude in most hospitals one of deliberate aloofness on the part of the doctor and the nurse? It is true, of course, that boards of governors who raise money or give money, and whose names represent business success and position in the community: it is true that the hospital prizes such people highly because, of course, the financial responsibility is one which, in the main, professionals cannot undertake unaided. But is this a fair estimate of the service which can and might be rendered by the layman in connection with hospital and nursing service?" The old ideas of a close professional corporation, independent of and undesirable for co-operation other than financial, will surely have to give way to the new ideas of partnership for promoting the health of the community, and to a recognition by the leaders in the medical profession of the services, minor and major, active and advisory, that may be rendered by the volunteer of experience and training in the great work being done in the hospital. This work is remedial and curative. It can be supplemented and completed to a far greater degree than is the case today by other services, educational and preventive, in which the volunteer may play a part. Few hospital reports record the number of patients who return to hospital, giving the reasons for their return. As cases—stomach, heart, brain, appendix, etc.—we get the records, it is true, but if the ultimate endeavour of all health work is not only to cure those who are sick, but to promote their health and thereby prevent recurrence of illness, the scope of hospital service will surely be definitely and continuously widened to embrace preventive and educational work in so far as such can be legitimately carried on within the walls of an institution organized primarily

for the care and treatment of the sick.

Hospital social service as an integral part of the institution is, of course, the striking example of volunteer service in this field. Outstanding among hospitals using such service is Bellevue Hospital in New York, where ten women's auxiliary committees look after different subdivisions of the work under Miss Ruth Morgan, volunteer, as bureau chairman. Fifty-one nurses, eleven office staff and one hundred and fifty volunteers cover such divisions as children, psychopathic, tuberculosis, Jewish auxiliary, two day-camp boats, and a Bellevue auxiliary Settlement House, where women suffering from tuberculosis await vacancies in sanatoria. These committees also provide emergency relief, such as surgical belts, splints and artificial limbs, and supply extra salaries at times for some of the staff. Weekly meetings with nurses and sub-committees afford opportunities for mutual understanding and help. Miss Wadley, nursing head of the social service staff, says of these volunteers and committees, "Without their enthusiastic moral and financial support, our hospital social service work would be limited indeed." The contact of the volunteer with nurse and doctor revolutionizes the routine thought of the hospital, because her attitude emphasizes the restoration of the individual to normal economic independence rather than the condition of the individual case. This transfer of outside values and standards to both staff and patients through the ward and clinic visitor is in itself a great contribution towards seeing the patient sanely and seeing him whole. In Bellevue the workers in clinics undertake two services weekly (veterans three) from one to four p.m. or later. If late or irregular, they are replaced. The volunteer workers receive the patients, take histories, assign them to clinical services and decide on their social needs. When necessary

they link up patients with community resources, such as relief agencies, convalescent homes, legal aid, etc. "Each volunteer is recommended to serve on at least one case conference in order to test the efficiency of the hospital social service. Working in an agency and getting service for an individual from that agency are two parts of a whole, the latter half of which is frequently overlooked. The volunteer here serves as an open roadway between the hospitals and the agencies which serve the individual patient. The volunteer renders an additional service in hospital social work by giving her time to gain the confidence of the patient and to combat the old tradition of fear, hate and the black bottle, and the idea that entering the hospital ward means death or utter isolation from friends and family. A high standard of consideration, courtesy and helpfulness is not only deserved by the sick poor waiting long hours for expert service, but can also be given by the volunteer who is aware of her responsibility and of her opportunity for service to the patient and the hospital." Miss Morgan, whom I have quoted, suggests that, on the presumption that volunteers are largely educated women of the leisure class, opportunities await them for further service in the way of "writing hospital reports and lifting them from their present dullness and low level achieved by harassed doctors and other over-worked professionals to something of interest and of concern to every citizen who may one day enter a hospital," not only to be cured, but, through education in personal hygiene, to be set upon the road to more abundant health.

Two delightful volunteer hospital services with which we are familiar in Montreal are the library work under the McGill Alumnae Society, and the Canteen Service under the direction of the Junior League for patients waiting in the Out-Door Department of the Montreal General

Hospital. The latter is just completing its sixth year. Five or six Junior League members attend daily from ten to two o'clock, on Saturdays from ten to one p.m., during nine months of the year. The League pays the salaries of two workers during the three summer months. The menu includes soup, coffee, milk, three kinds of sandwiches, buns, pies and ice cream. While established primarily for the waiting Out-Door patients, the canteen has won the eager patronage of busy doctors and students, so that now the service to about one hundred people daily is fairly evenly divided between both kinds of patrons. Free milk is given to all waiting children. After paying all the expenses in 1925-6, amounting to three thousand five hundred dollars, a donation of seven hundred and seventy-five dollars was made to the Social Welfare Department of the hospital, while over sixteen hundred dollars of a balance was turned in to the League for its other good works. We know of no other hospital where such welcome work of this kind is being carried on and so profitably. Nurses and doctors join in acknowledging the help which contributes so much to their comfort and to that of the patients.

The Montreal Junior League gives varied services in five of Montreal's hospitals, besides running a dental clinic, a Children's Summer Camp and assisting in the Victorian Order of Nurses' and Child Welfare Associations' health work. All this in addition to their other social work in settlements and relief agencies. A library of seven hundred books in six different languages is operated by the League in the public wards of the General Hospital.

Two of the best and most famous hospital library systems in America are operated by the McGill Alumnae Association: the first in the Royal Victoria Hospital, with over three thousand books in twelve languages; the second with four thousand nine hundred and fifty English and



French books in St. Anne's Military Hospital. When the first military hospital was opened in Montreal early in 1917 the Alumnae Society seized the opportunity to establish and conduct a library such as the soldiers had enjoyed while in hospital in England. Nine of these libraries in all were established and operated by the Alumnae, six of which were under their control, with all expenses met by the society. These libraries penetrated only the military wards of several hospitals and the military hospitals themselves, but the need for similar work for civilian patients was not long in making itself felt. Upon the closing of most of the military hospitals in 1920 and the ensuing concentration of soldier patients in a hospital thirty miles from Montreal, the service was necessarily reorganized and finally became concentrated in the public and private wards of the Royal Victoria Hospital and in the Military Hospital at St. Anne's.

Two books per bed is quoted by hospital libraries' authorities in the United States as necessary for any hospital library, but in both Alumnae units the library is many times that size. One dollar per capita is considered by the American Library Association a reasonable basis upon which to operate a public library and is offered by them as a suggestion to hospital authorities. Expenses in connection with the Alumnae libraries are nothing like as much, this being due to the voluntary service supplied by the convener, who is a trained and certified librarian and gives two or three hours daily in hospital, and by the sixteen regular workers, two of whom distribute and collect books in the hospital every day except Sunday. A paid worker is supplied by the Alumnae and the Royal Victoria Hospital during the summer months. The new maternity wing, containing two hundred beds, has its branch library, in addition to the main hospital service where 16,639 books were loaned last year. The

Royal Victoria management has found the library such a help to the patients that they have contributed to the cost and furnished some of the equipment, voluntarily increasing their contribution whenever any extension of the service seemed to be needed. A two-shelfed delivery book wagon of just the right height for bed-patients' eyes and able to contain about one hundred and fifty books is greeted with joy twice a week in all the wards. Many are the happy, humorous and pitiful tales told by nurse and worker as to the amazement, incredulity and ultimate rich content of patients who are comforted by this service, their spirits kept bright and the work made easier for the nurses. Locked boxes with chutes into which books may be dropped when read—the invention of the librarian—are placed at the door of each ward. All books are catalogued and cared for in a modified form of the system used at McGill University. When establishing the branch for the military hospital at St. Anne de Bellevue, the committee realized the impracticability of its being conducted by voluntary workers. Negotiations successfully brought about the appointment by the Government of one of the nursing staff as permanent librarian. She works from 9—5 p.m. daily and receives her orders for library work from the Alumnae committee, who furnish all supplies. English and French illustrated magazines can there be had for the numerous mental cases who do not care to read, and a special department is in full operation in the two wards for soldiers suffering from tuberculosis. The statement of the medical superintendent that neither the patients nor staff could live without the library is supplemented by that of the patient who said, "Sister, we would die without these books. All we have to do here is to suffer and think of ourselves or read." And the doctor said, "More things are wrought by books than this world dreams of."

Let us turn from the volunteer to her senior partner for a moment. With the higher educational standards now being required in training schools, there will come, I trust, opportunities for the nurse while in training to take some courses in sociology and community life and organization, with possibly limited field practice in a family or child welfare agency. Miss Wadley definitely advocates the inclusion of social service in the curriculum for both medical students and nurses alike. Teaching nursing by the application of the case study method has already been effectively demonstrated in the New Haven Hospital. Other training schools, it is to be hoped, will soon follow the pioneer leading of Miss Effie J. Taylor, superintendent of the New Haven Hospital, who instructs her students in the understanding of their patients as individuals rather than as cases, and who stresses procedures as applied for the recovery of the patient rather than centering the attention of the nurse on the skill and precision with which she carries out certain technical acts or treatments. Miss Taylor's views on this subject are ably presented by her in a publication issued from Geneva last January by the International Council of Nurses. In it she says, "One of the most important assets for a nurse is a point of view and sympathetic understanding of the many relationships bound up in life. We are much troubled about relationships, both ethical and professional. We carry our knowledge about in tight compartments fearful that someone out of caste may acquire an idea which was not intended for him. . . . The real nurse should be a health worker, a social worker in its broad sense, and a teacher in the institution and in the family. Illness is the result of physical, mental or social maladjustments, and nursing implies the care of the whole patient who is a complex human being." Miss Taylor is in no doubt as to the need for all

nurses to have a community sense, to be community conscious. This can only come about when nursing education is of a broad and social type, not only during the years in training, but carried on and over into all post-graduate work that leads to such service as that of hospital administrators, teachers, supervisors and public health workers. Education of this kind will speed the day when the nurse will habitually look for and receive co-operation from the educated lay-worker in the great adventure of bringing care and comfort to the sick, and health more abundantly to those that are well.

This brings us to our last point, namely, the possibility of a contribution from volunteers on advisory boards of nursing schools connected with hospitals, or associated with both hospital and university. In Miss Goodrich's 1925-6 report of the Yale School of Nursing she refers to "ten to fifteen schools of nursing connected with universities offering a five-year combined college and professional course leading to a bachelor's degree." There are also several hospital post-graduate schools that offer two-year courses which might well lead to a degree. These more recent developments in nursing education recognize not only the increasing need for well-educated and highly-trained women in the nursing profession, but emphasize by implication, and often in actual terms, the definite responsibility of the nursing profession to supply adequate nursing care at moderate cost to the community. Whether this is to be done, as Miss Geister suggests, by "centralization of nursing resources under central registries or associations organized to distribute economically various grades of nursing service; and through group service given in private wards by one nurse to two or three patients" is a question that is commanding the serious consideration of nursing leaders at the present time. Miss Geister says "that every fact points towards the



inevitability of change in the present system, for patient, doctor, nurse and community are all dissatisfied with the present order of things." The volunteer notes with interest the statement by the Rockefeller Foundation Review of 1925 at the close of a lively presentation of the nursing problem, "That there are now fortunately committees which include doctors, nurses and lay people beginning to study the problem with open-mindedness and good-will." Up to the present the opportunities for lay-partnership in the nursing educational field remain largely unexplored, for few indeed, are the training schools that have auxiliary lay committees.

In the education of our children, we not only pay the teachers who give that education, but we establish boards of education with joint committees of teachers and laymen (sometimes lay women, but these not as often as should be the case), who contribute much by their common service towards the improvement of methods, policies and relationships in school work. In like manner we pay for our nursing service, private and public, but the nursing schools stand apart, unless when threatened by the senior profession of medicine, which still evinces a desire, as witnessed in both the provinces of Ontario and Quebec within the last few months, to control and dominate their very existence.

Scholarships, the questions of nurses' insurance and pensions, holiday camps, convalescent homes, publications, endowments, loan funds, prizes and countless other things easily present themselves as subjects which might profitably bear the intrusion in professional discussion of a friendly lay mind and voice. Are there not dozens, nay hundreds of grateful patients, men and women, who have seen something of the real spirit of nursing from the point of vantage of a hospital bed, who would be willing to forward the interests of the profession and of the nurses in training in some of the ways indicated if they were organized into real committees? These should not be committees of representative names alone, men and women who meet once or twice a year to act as a rubber stamp for the work of the professional, but they should be committees with definite tasks to do, made up of individuals who will give the necessary time, interest and study as they are needed.

Before they all get wedded eternally to golf and bridge, to club life and the movies as the only fields to which to devote their leisure time and surplus energy, let the nursing profession call them in and show them some of the more excellent ways in which they can be of use, particularly the way of fuller life through education and co-operation in health and nursing service.

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To "make others happy" except through liberating their powers and engaging them in activities that enlarge the meaning of life is to harm them and to indulge ourselves under cover of exercising a special virtue. . . . To foster conditions that widen the horizon of others and give them command of their own powers so that they can find their own happiness in their own fashion is the way of "social" action.—JOHN DEWEY.

## Editorial

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### *An International Loss*

Word has come that Baroness Mannerheim is dead. This word will bring desolation to nurses all over the world.

Baroness Mannerheim was one of the rare souls that one is fortunate in meeting once in a lifetime. She left an indelible imprint on all with whom she came in contact. Can one analyse such an influence? Scarcely. One can only say that she had physical beauty, intellectual gifts of the highest order, a subtle humour, gayety, a heart so kind as to shelter all who were troubled or weary, a charm of personality which brought all to their knees who came under her beneficent spell. And yet one feels that there was a something beyond all these gifts which left its halo of greatness on this noble woman. This was the *selflessness* which sought not her own good, but that of others. In this she was truly Christ-like.

A great personal unhappiness fell to the lot of Baroness Mannerheim as she entered the threshold of womanhood. It was probably this which shaped her life, and sent her to St. Thomas's to take a nurse's training at a time when this was unprecedented in the aristocratic families of her native country. Although the first Lady of the Land in Finland, the source of her greatest personal pride was the fact that she was a professional nurse. She took her profession most seriously, so much so that for twenty years she was matron of the largest surgical hospital in Helsingfors, was President of the first Finnish Nurses' Association, and, as all the world knows, became President of the International Council of Nurses.

There are at least fifty nurses in Canada who had the privilege of meeting Baroness Mannerheim at the Congress of the International Council of Nurses in Helsingfors in July, 1925. Not one of these can ever forget the dignity and ineffable grace with which she presided over the great gatherings that took place during the week of that meeting. But only the representative on the Executive Committee knows that, with all the responsibilities of such a huge organization on her shoulders, and with all the social functions to be presided over, she spent most of the nights of that week until two and three o'clock in the morning, conducting executive meetings. Under the stress and strain of such a load never once did her gentle tranquility and poise fail her. Never was there the slightest sign of irritation, and always she was sustaining by encouragement and kindness those associated with her. Once one saw her walk from the room with her arm around a stenographer who was beginning to break under the strain, imparting to her some of her own calmness and strength.

At National Office in Winnipeg there is a book containing the signatures of the guests at the Canadian luncheon in Helsingfors. Heading that list is the signature "Sophie Mannerheim." That luncheon was a memorable occasion, for at it each Canadian nurse at the conference had the opportunity of meeting and chatting with Baroness Mannerheim. One can still see the calm, beautiful face of this beloved woman as the nurses were presented to her, and can still hear the deep, gentle accents of her voice as she rose to speak. Her



remarks were like a benediction, with the magic of a beautiful gayety added.

May we make this suggestion? At the next meeting of each Nurses' Association in Canada, would it not be appropriate that the tribute of two minutes' silence be paid to the memory of one who has brought

honour to the profession of nursing wherever it exists in the world today?

"She is not dead. Such souls forever live in boundless measure of the love they give."

"Peace; come away; the song of woe

Is after all an earthly song:

Peace; come away; we do her wrong  
To sing so wildly; let us go."

## *Nurses Honoured*

### *MISS A. M. MUSSON*

Miss A. M. Musson, C.B.E., R.R.C., chairman of the General Nursing Council for England and Wales since 1926, and present honorary treasurer of the International Council of Nurses, has been included in the new year's honours and granted by His Majesty the Order of Commander of the British Empire. Miss Musson is a graduate and gold medallist of St. Bartholomew's Hospital (London) and was for many years matron of Birmingham General Hospital.

### *MISS JEAN E. BROWNE*

Miss Jean E. Browne, national director of Junior Red Cross in Canada, was honoured recently by the Spanish Red Cross Society when that Society conferred on her a medal in appreciation of her distinctive work in the preparation of Junior Red Cross Exhibition material. Miss Browne was president of The Canadian Nurses Association for four years, 1922-1926. The members of the Association offer their congratulations to their immediate past-president and wish the Junior Red Cross and its director in Canada continued success and still greater development among the children of the Dominion.

### *MISS MABEL K. HOLT*

Miss Mabel K. Holt, recently appointed superintendent of nurses of the Montreal General Hospital, graduated from that institution in 1919. She is of English parentage and education.

Miss S. E. Young and Miss Holt, her successor, were both trained by Miss N. G. E. Livingston, that pioneer of nursing in Canada. Miss Livingston and Miss Young (her assistant) early recognized Miss Holt's ability, which coupled with a gracious and charming personality makes her most admirably fitted to follow in the footsteps of her distinguished predecessors: Miss Livingston and Miss Young.

Since graduation, Miss Holt has occupied the position of second assistant superintendent of nurses in her own training school; graduated in Hospital Administration from the McGill School for Graduate Nurses in 1924; for one year was on the teaching staff of the Montreal General Hospital; for two years was assistant superintendent of nurses at the Hamilton General Hospital, and now assumes the position of matron of the school of the Montreal General Hospital, in which position she is wished all success by her friends and co-workers.

## *The Minot-Murphy Diet*

By IVY DOROTHY LAYTON, Chief Dietitian, St. Boniface Hospital, St. Boniface, Man.

This diet was named after the doctor who obtained most gratifying results by its use in the treatment of pernicious anemia.

Large quantities of calves' liver and other visceral organs, combined with proper proportions of other high iron foods are used, the daily allowance being:

Five to six ounces liver, beef kidney, sweetbreads.

Five to six ounces muscle meat, either beef or mutton.

Four ounces fresh vegetables—spinach, carrots, beets, turnips, lettuce, celery, etc.

Four ounces fresh fruit of all kinds: also raisins, prunes, figs.

The amount of hydrochloric acid used is prescribed by the physician.

Many people, however, do not care for liver: a fact which is even more noticeable among invalids; so that the difficulties confronting nurses in trying to keep the patient contented with the diet can be well understood. Fortunately, however, when the patient has taken the diet for a few days there is a gradual increase in appetite for all food. As the patient notes the improvement in his condition which takes place during the first week he becomes interested. If some method of cooking liver, other than frying, can be resorted to it is relished better. Variety in methods of preparation would remove a great obstacle, that of "sameness," in this valuable treatment.

The following are some old recipes used in England and France, where liver is a very popular food. It has been found that this usually most unappetizing food reaches a state of dignity in invalid dietary when prepared according to these different formulae.

*Liver pulp:* Put raw liver through a meat grinder several times, using the smallest attachment. Add cold water sufficient to make it the consistency of heavy cream; strain, using a coarse sieve or potato ricer. Serve with orange juice. (This is most often given to patients with no appetite or ability to eat proper foods.

It is most suitable to start the treatment.)

*Scraped liver:* Dash the liver in hot water; remove the skin; broil until cooked through; scrape through a sieve. Use as a garnish or in soups.

*Liver soup:* Add half cup scraped or sieved liver to two cups tomato juice or chicken broth; season with onion if desired.

*Cream of liver soup:*  $\frac{1}{2}$  c. scraped liver; 2 c. milk; 1 teaspoonful flour; 1 teaspoonful butter; seasoning. (Melt the butter, add flour, add milk and seasoning; boil a few seconds; add liver; serve with toast.)

*Larded liver:* Take a lamb's kidney and spread with lard or dripping; place it in a deep casserole with chopped onions, carrots, slices of fat bacon; salt, pepper and herbs (as sage, parsley, thyme); cover with water or a good soup stock; cook in a moderate oven about an hour.

*Mock duck:* Take a fresh calf's liver and stuff with duck dressing; put in a pan; cover with strips of bacon fat and allow to bake for two hours, basting frequently.

*Liver mould:* Mince one pound of liver and a few strips of bacon; mix with half a cup of bread crumbs, the yolk of two eggs and seasoning to taste; steam in buttered moulds.

*Omelet and lamb's kidney:* 1 egg, 1 teaspoonful onion (chopped fine), 2 teaspoonfuls milk, 5 ounces liver, seasoning. Make usual omelet. Boil the kidney; cut into slices and use as garnish. Serve with tomato catsup.

*Spanish liver:* 2 teaspoonfuls rice, 5 ounces liver, 3 cloves,  $\frac{1}{2}$  cup tomato, 2 teaspoonfuls onion, 3 red peppers, 3 peppercorns, seasoning, bay leaf. Boil liver with spices until tender, dice; boil rice; combine all ingredients and mix with a little soup stock; simmer until thick.

*Carrot and liver salad:* 5 ounces liver, 2 teaspoonfuls raw cabbage, 2 teaspoonfuls raw carrot, salt and pepper. Boil liver until well cooked; add salt; remove and put through meat



chopper; add vegetables and seasoning; mix with salad dressing; serve on a lettuce leaf.

*Stuffed Baked Onions:* 1 large onion, 5 ounces liver, 2 teaspoonfuls celery, salt, water. Boil liver—save

the stock for other liver dishes; grind liver and celery; scoop out centre of onion and fill with liver mixture; bake until tender. (This may be used with other vegetables, as carrots, tomato, potato, etc.)

## *My Ideal Nurse*

By LOUISE STEDHAM, Student Nurse, School for Nurses, Montreal General Hospital.

An ideal in any walk of life, no matter whether it be as nurse, doctor, business woman, or in any other profession, cannot be entirely dissociated from those qualifications which make the ideal man or woman. The profession or work engaged in is dignified by the perfection of the personality engaged in it.

There are therefore two divisions into which the qualities of an ideal nurse fall. First, there is the catalogue of those virtues which must be possessed by her as a woman, and secondly, there are those peculiar characteristics which make her the ideal nurse. On those coming under the first heading we shall probably find it easy to agree, but upon the others we each construct our own ideal from materials which have to do with our personal likes and dislikes.

In any event an ideal is not an idol. It is something attainable, set up by ourselves as a copy, to emulate and become.

Were we to attempt to trace the source from which has come the image of our ideal, we should find that characters we have known, personalities met with in our home life, heroines in our favourite books, have all gone to create for us individually the dream-woman of our ideal nurse.

The word "nurse," from its association with the knowledge of fine characters in the past and present who have graced the profession, immediately suggests so many noble traits that it is difficult to say which of them must be owned by our ideal. She is the leader in acts of mercy. She is so devoted to her profession that every other attraction for her

is secondary. Her kingdom is to care for the sick, to lighten depression, create contentment. A woman of great reserve, knowledge and understanding.

She must be the noblest, the best, that womanhood can produce.

Her sympathies are as broad as the universe.

John Wesley said, "The world is my parish." The nurse says, "The world is my patient." And she must be consecrated to this great work, drawing her inspiration from the sincerity of her conviction that she is needed to minister to suffering humanity.

Realizing that the effectiveness of her service is measured by the thoroughness of her preparation, the energies of her mind are given to the acquisition of knowledge and experience. Her deft fingers are guided by sure judgment, her sympathies are constrained by experience.

The nurse—she is the theme of poets, the inspiration of the artist; but more than all, she touches the imagination of humanity because she is its servant in suffering, one touch of which suffices, "to make the whole world kin."

Even if it is possible to create in one's imagination the definite outline of an ideal nurse, can one find words to describe it? Does not the very attempt to clothe it with words defeat its own purpose?

The guiding ideal is like the star at sea. It points ahead; we seek not to know how it came, or what is the stuff of which it is made. We follow the gleam, trusting it to lead us, if we are faithful, to the port of our cherished hopes.

## *Vignettes from the History of Nursing*

*By Members of the School for Graduate Nurses, McGill University, Montreal, with Introductory Note by Maude E. Abbott, M.D., Lecturer on the History of Nursing. (Continued.)*

### X

#### **HOSPITALS IN THE EARLY CHRISTIAN CHURCH**

**By NORENA MACKENZIE,  
Montreal, P.Q.**

The fundamental difference between the pagan and Christian eras was the doctrines underlying them. The gift of the Christian era was that of love. As we read of the great intensity of spiritual experience of the saints of nursing and hospital history manifested in their beautiful Christian character of self-denial, and appreciation of God in man, we thrill to the purple patches of the history of our profession.

If the transition from paganism to Christianity left but the indelible origin of hospitals then it were a history replete! The corner-stone of our hospital organization, itself a manifestation of love, was the Christian church, and to the early ambassadors of that faith we owe the structure of the present-day system.

The Old World was unacquainted with hospitals in the true interpretation of the word. True, there were near the temples of Aesculapius houses for the reception of visitors who went there to seek for themselves or for others advice of the Dream Oracle, but they were not specifically for the sick. The intolerance of incurables, and of the events of birth and death under paganism, stand in marked contrast with their recognition—as of all forms of sickness and suffering—under the dispensation of love.

When the number of Christians began to multiply, peculiarly enough, distress increased too: due to the very troublesome times produced by the conflict of the two civilizations. The facilities provided for the alleviation of the distressed, such as the hospitality shown by Christian men and women and the reception of the

suffering by bishops, were not adequate. Kind though history has been it has not thrown light upon the origin of the first institutions for the care of the sick and distressed. It is easy and reasonable to suppose, however, that they were the outgrowths of the work being carried on within the precincts of the bishop's dwelling. The two big factors in their growth were the great amount of misery and the dominating influence of institutional activity.

Diakonia, the original form of modern hospitals, evolved from the bishop's house, sprang up everywhere in the East. One of the most important diakonia—the first real hospital—was that founded by Ephrem at Edessa during a malignant epidemic in the year three hundred and fourteen. It was divided into wards and contained some three hundred beds.

But diakonia relieved only an infinitesimal fraction of the distress, and in order that all individuals requiring protection and charity might be properly cared for xenodochia sprang into being. They were amplifications of diakonia and were specialized institutions for every class of dependent, which we may gather from the innumerable designations of the various departments: such as xenodochia, or houses for strangers; nosocomia, houses for the sick; and cherotrophia, houses for widows. It is generally believed that the first xenodochium was founded in the time of Constantine; but the first really reliable information was found in the efforts of Julian when he endeavoured to re-establish paganism by erecting xenodochia and ptochatrophia in order that he might combat the influence of the Christian church.

In the East the axis about which the work revolved was found in Basil and Chrysostom. In the year three hundred and seventy, Basil, one of



the Greek fathers, established the famous *Xenodochium Basiliæ* in Caesarea, and all the towns of Caesarea quickly copied the ideal by the erection of others.

"Faith without works is dead" was indeed appreciated by those early saints, and the radiation of their regeneration was abundant in their good works. In Chrysostom it was notably manifested, when, preaching at Antioch, he built a *xenodochium*, and due to his unselfishness and simple manner of living he erected out of the church revenues two hospitals in Constantinople.

The West was not without the periphery of the Christian influence, and the central figure of the work of the new doctrine was Jerome. Coupled with the work of Jerome were the unceasing efforts of two patrician ladies, who resigned the luxuries of the period and adopted the ascetic manner of living for the furtherance of Christianity. Fabiola and Paula! One of the striking characteristics of the Christian era was the great recognition of women, and unmarried women especially found themselves with various opportunities for service, chief among which were nursing of the sick and the care of the poor. To the commemoration of both Fabiola and Paula are *xenodochia*. The first Roman hospital, *Nosocomium*, was established in the year three hundred and ninety by Fabiola. It is referred to as "a place for the sick as distinguished from objects of charity who were simply poor." Paula's efforts lay in the East, though she was a Roman by birth and culture. She built a hospital in Bethlehem in connection with Jerome's work there.

The arrangements of the *xenodochia* are not definitely known, so scanty is the information regarding them, but the *Basiliæ* in Caesarea is described as "a town before the town." There were specialized houses for the admission of each type of dependent, there was accommodation for the servants and attendants, there were workshops. The church occupied the central position and streets

divided the compound into definite areas.

There were two means of maintaining the *xenodochia*. If they were the direct establishment of the Church the revenues of the Church were applied towards their upkeep; but if they had been built by private individuals, then their source of income was from endowments. Gracuitous offerings—one of the chief acts of those who embraced the Christian faith—was one avenue of income.

The *nosocomia* had physicians and many attendants. It is presumed that the attendants received some remuneration. Frequently, however, there were those, chiefly women, who gave their services voluntarily and untiringly. It is believed that all attendants led a monastic life.

There was great connection between the *xenodochia* and *monachism* because those who promoted and sponsored one were invariably leaders of the other. Frequently the relation was so close that it was difficult to differentiate between them. The institutions came under ecclesiastical control, but the state offered some protection. They received the same privileges as the Church, and could, independently of it, acquire property and receive legacies. The ecclesiastical dignitaries were very conscientious in governing and providing for the *xenodochia*.

Originally the monasteries had *xenodochia* under the control of the diocesan bishop, and as the monasteries became more independent of the diocesan, the independence of the *xenodochia* became parallel.

Their organization and form of government was prophetic of the monastic Orders of the Middle Ages.

## XI

PAULA (347-404 A.D.)

*Roman Aristocrat and Christian Saint*

By ELINOR M. PALLISER.  
Montreal, P.Q.

It must have been an amazing sight, about the end of the fourth century, to see men and women of the highest

Roman aristocracy, members of proud old families who had been pagans and whose ancestors had worshipped the old gods for centuries, leave their palaces and give up their luxurious ways of living to devote themselves to a Christian life (as it was then understood), exchanging gorgeous robes of state for the drab, coarse garments of monk and nun, and ministering freely to squalid beggars and loathsome sick. This movement was influenced by the teaching of bishops and other clergy and became almost a fashion or vogue.

These aristocrats distributed their immense wealth among the ever-needy poor, obeying the command of Christ to the letter, and became almost fanatical and wholly under the influence of their selfless craving to give to the Church and to do whatever would further the cause of Christ.

Jerome was the spiritual father of this circle. He was a man noted for his narrow monastic views but also for his self-denying, self-renouncing piety. He had great influence among the noble Roman matrons, whom he induced to follow his teachings and cast aside all other duties, even so far as to leave their children to the care of others. This was true in the case of Paula, the most prominent, perhaps, of all these Roman matrons, and the subject of this essay.

Paula was a descendant of Agamemnon and her husband was descended from Aeneas. Previous to her conversion she was possessed of a spotless reputation, although she lived the luxurious life of the wealthy Roman aristocrat. She was a devoted wife and mother and deeply lamented the death of her husband, Toxotius, which occurred when she was only thirty-two years of age, leaving her with four children and an immense fortune. Paula was a woman of great ability and had a knowledge of Latin, Greek, and Hebrew, which latter she perfected in order to be able to sing the psalms in the original. After she was converted she gave vast sums to

the poor and sick, assumed coarse dress and undertook all sorts of menial duties in the relief of distress.

In 384 A.D. she sailed for Palestine and spent the remainder of her life there, with her daughter, Julia Eustochium, who shared her mother's religious views and ideals. Paula left behind her in Rome her young son and daughter to the care of others. There in Palestine, not far from Jerusalem, upon the advice and with the aid of Jerome, she built a hospice, a convent for women, and a monastery for men. Paula's capacity for organization and management, her patience and tact, were highly praised by Jerome, from whose letters we have our only account of her life. Her whole life was one of personal service and self-sacrifice, and her incessant charities soon consumed even her vast fortune.

Frequent illnesses and bodily mortifications, which were extreme even for that time, caused her to succumb to a severe illness. Jerome describes her death in 404 A.D. with great feeling, and tells of the love and devotion of her daughter, and the grief and concern of the whole community. The bishops of the surrounding cities were present, among them John of Jerusalem, who had been outstandingly opposed to convents just four years previous. Her funeral was a kind of triumph; the whole church gathered to carry her to her resting place in the centre of the Cave of the Nativity. She was canonized by the Roman Catholic Church, and St. Paula's Day is January 26th.

These Roman matrons were powerful women, by birth, and their ability and zeal and the strong permanent influence which they had for good cannot be over-estimated. To us this almost fanatical craving seems to denote a rather unhealthy, morbid state of mind, but that was how the Christian religion was manifested at that time. Paula may be criticized for leaving her sorrowing children to strangers, and at the last in poverty



and even in debt, but at that time it was but a proof of her sincerity that she, a devoted mother, could do this.

Among primitive people nursing is a superstition, chiefly manifested by exorcising the demon, etc. In ancient times it was a form of religion, as demonstrated by Aesculapius and his priestly attendants. Before the Christian era it ranked, for the greater part, as a domestic accomplishment. Paula was instrumental in elevating nursing into a calling. Florence Nightingale converted it into a profession, and today it is gradually being transmuted into an art.

Who can tell to what extent the high standard of modern nursing is due to the sacrifice and vision of Paula and her noble associates?

## XII

### *A SHORT LIFE OF PAULA*

By **MARION CLARK**, Halifax, N.S.

The Rome of the fourth and fifth centuries was a decaying Rome. This conquering nation had made all the world Roman, and having reached the zenith of its civilization, began to fade. In 313 A.D. Christianity was embraced by Constantine and became a legal religion, but, in order to hide the moth-holes in the government of the country from the public, these emperors had surrounded themselves and their households with oriental pomp and luxuries. The sovereign's person had become sacred, and he was surrounded by a host of officials all living in extreme luxury, and with many slaves at their beck and call.

Into the part of this aristocracy which was still pagan, Paula was born in 347 A.D. She was of the first families, tracing her descent back to Agamemnon and the Gracchi. At an early age she was married to Toxotius, a lineal descendant of Aeneas, to whom she gave three daughters and a son.

She was widowed at thirty-two years of age, and through the in-

fluence of Marcella and her group, became the model of Christian widows. During the synod at Rome in 382 A.D. she came under the sway of Jerome and with him applied herself to the study of the Scriptures. During this time she became greatly imbued with the Christian spirit of charity and began the dispensation of her enormous wealth to the sick and needy.

Her naturally ascetic tendencies, fanned by Jerome, continued to increase until, in 385 A.D., with her daughter Eustochium, in spite of the tears of her son and the entreaties of her daughter, Ruffina, she set sail for the Holy Land. Here she made all the usual pilgrimages and took joy in visiting every place where her Lord had passed His life on earth. Thence with Jerome she visited Egypt to gain inspiration from the Enchorites and Enobites, whom she observed there.

Following this, they returned to Bethlehem, where Eustochium was, and these two took up the real work of their lives. Paula, using her own and her children's wealth, established a monastery for men and a convent of three degrees for women. There was also established a resting house for pilgrims.

She read daily with Jerome and assisted him a great deal with his exigeses, being a complete mistress of Hebrew, not, as she says, for the learning, but "to obtain a fuller knowledge of Christian virtue."

She performed all sorts of menial tasks in the relief of distress, and impoverished herself and her children by charitable donations, leaving them in debt at her demise. To her sister nuns who became ill, and to those sick pilgrims who visited her shelter, she was a gentle and devoted nurse, ministering to them with her own hands. She also allowed leniency of discipline to the sick nuns. Towards herself, however, though not strong, she was most ruthless, wearing coarse clothes, forbearing

the luxury of the bath and doing many penances with tears. When Jerome reproved her weeping, saying that she needed her eyes for study, she answered that the face which had been painted against scriptural word must be washed with many tears.

Through many mortifications debilitating her health, she died at the age of fifty-seven after a severe attack of illness.

She was greatly mourned by the whole Christian community, the "whole church" being gathered together to do her honour at her funeral.

Although we eschew in this enlightened age some of her methods,

we must admire her for her power of management, her patience and tact, and her selflessness, but most of all for her adherence to her ideal and her holding to it though it deprived her of all she had formerly held dear. Where we admire, let us follow. Thus will we best help our profession, our community, and through it the world at large; in civilization's upward march to the long-dreamed-of heaven on earth.

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(To be continued.)

## Provincial Association Series

MANITOBA ASSOCIATION OF GRADUATE NURSES, 1905—1927

By C. de N. FRASER

Prior to the forming of our provincial organization the Winnipeg General Hospital had founded its Nurses' Alumnae Association, in 1904, chiefly by the joint efforts of two of the outstanding leaders and pioneers in our profession in this western province, Mrs. A. W. Moody, who as Miss Elizabeth Holland was lady superintendent of the Winnipeg General Hospital, 1893-1899, and Mrs. E. H. White, who as Miss Ada Newton graduated from the hospital in 1899.

Miss E. Gilroy, a graduate of 1898, was elected the first president of the above association, and has been very active in all nursing affairs in this province since those early days, having twice filled the office of president of the association. Miss Gilroy has also been historian of the association up to the present time.

In 1905 St. Boniface Hospital formed an alumnae group, with Mrs. A. D. McLeod as president.

Besides these two alumnae associations there had been started the Trained Nurses' Association. On July 5th, 1905, a general meeting was called, to be addressed by Miss Lennox, of the Toronto General Hospital, to which all nurses practising in Winnipeg were invited. This meet-

ing was held in the Y.W.C.A. rooms of the Rialto Block, on Main Street, and the outcome of it was the forming of the Manitoba Association of Graduate Nurses, and the election of its officers, as follows:

President, Miss Reid; First Vice-President, Mrs. E. H. White; Second Vice-President, Miss Davidson; Third Vice-President, Mrs. A. D. McLeod; Secretary, Miss A. M. Crawford (Mrs. Hamilton); Treasurer, Miss A. C. Starr.

The first annual meeting was held in March, 1906. In May of the same year the first draft of the proposed bill for the registration of nurses was drawn up by Mrs. Graham and Miss Crawford, and presented to the meeting. In spite of the zeal and ambition of the founders, little headway was made for long, the meetings being poorly attended and the transaction of business sometimes impossible for lack of even a quorum being present.

REGISTRATION OF NURSES—In 1909, however, Dr. Helen MacMurchy, who was then editor of "The Canadian Nurse," spent a few days in Winnipeg and kindly consented to address a meeting of nurses in the residence on Langside Street. Her eloquence was so appealing that interest was again revived; enthusiasm was rekindled and in four years, February 15th,



1913, the present act, respecting the Manitoba Association of Graduate Nurses, was placed on the statute books of the province. Manitoba was the first of the provinces to secure registration for its nurses. Miss K. A. Cotter was president of the association at the time, and it has been conceded by all that to her energy and that of the legislative committee under the able leadership of Miss Ida K. Bradshaw (Mrs. D. A. Stewart), is due the praise for accomplishing this task. The other members of the committee were as follows: Miss Frederica Wilson; Miss C. M. Bowman; Miss J. T. Ramsay; Mrs. Willard Hill; Mrs. A. W. Moody; Miss Clara M. Hood; Miss Annie A. Rathbone; Miss E. Beveridge; Miss Bertha Andrews; and Miss E. Birtles. (Miss Birtles was the first nurse to graduate in the western provinces and has devoted her life to her profession.) Among others active were: Misses Gauld, Stensby, Cameron, Hood, McKibbin and Clark.

By this act membership in the association is through registration. In the first instance, those who had been practising the said profession for one year previous to the coming into force of this act, were entitled to be registered upon producing evidence satisfactory to the registrar of the University of Manitoba of their having so practised. Since July 1st, 1916, only those who have successfully passed the examinations set by the university are eligible for membership.

In April, 1914, an effort was begun to raise a sum to endow a Chair of Nursing in the University of Manitoba, but war was declared before plans were formulated.

**WAR SERVICE**—The duty and privilege of serving our beloved Empire in her hour of greatest need was our first consideration. A very large proportion of our members volunteered at once for service overseas, following in the footsteps of the founder of our profession and pioneer of army nursing. One of the honoured members of the medical staff, on returning after the

war, said in addressing a group of young nurses:

"The 'lady with a lamp' lived, worked and was loved as truly behind Ypres, Vimy and Amiens, as before Alma, Inkerman and Balaklava."

"On 'Canada's' annals through the long Hereafter of her speech and song That light its ray shall cast, From portals of the past, A lady with a lamp shall stand In the great history of the land A noble type of good, Heroic womanhood."

During the war years the association made progress, although conditions were adverse. Funds were devoted to help the Red Cross, the Halifax Relief Fund, and Prisoners of War Fund.

**PUBLIC WELFARE COMMISSION**—In October, 1917, the Provincial Government appointed a commission to investigate and report to the Lieutenant-Governor-in-Council on all phases of charitable and welfare work, both public and private, within the province. We were honoured in that one of our members served with distinction on the commission for three years. We refer to Miss Ethel I. Johns, one of our leaders in the profession in Canada and a graduate of the Winnipeg General Hospital, who has held many important posts in Manitoba and British Columbia, and who for two years has been working for the Rockefeller Foundation investigating nursing conditions in Europe, with headquarters in Paris.

In November, 1917, at the regular monthly meeting, attention was drawn to the day of public hearing of the commission, when institutions and organizations were invited to bring in resolutions to further the interests of any institution or organization in its ministry of service to the public.

The following resolution was framed and presented by a delegation from our association, and was accorded a very sympathetic hearing:

"Resolved—that the M.A.G.N. respectfully direct the attention of the Provincial Government of Manitoba to the conditions which exist regarding the

establishment, maintenance and direction of training schools for nurses in connection with the hospitals throughout the province.

"These institutions, offering education to women in one of the most vital and difficult of arts, are today totally unsupervised. They are under no obligation to maintain proper educational standards, nor to provide suitable teaching material or personnel. The directorates of many of our hospitals endeavour to maintain good standards, but the nurses of Manitoba feel that the proper instruction of nurses is of such vital importance to the community that nursing education should be recognized, supervised and controlled by the Provincial Government, through and by the University of Manitoba, under which body the 'Nurses' Registration Act' is at present administered."

**AUXILIARY NURSING FORCE**—Owing to the absence of so many nurses overseas, the question of establishing an auxiliary force of trained attendants was discussed at the annual meeting of the National Association, and an expression of opinion from Manitoba was requested.

This association went on record as heartily approving the proposal, providing the said attendants were licensed and the public safeguarded.

**REGISTRATION THROUGH RECIPROCITY**—In 1918 the constitution and by-laws were revised. During that year there was discussion of the interpretation of By-Law 7, paragraph 2. We conferred with the registrar of the university. The matter was laid before the board of studies, who considered it was not within their province to deal with registration of applicants outside of Manitoba, as no provision had been made in the act.

This ruling of the university made it imperative that we should amend the act before further applications for registration were received from those registered elsewhere. The amendment to this clause respecting registration through reciprocity, obtained early in 1919, greatly facilitated the work of the board of managers.

**HIGHER EDUCATION**—In December, 1919, a conference was held with regard to the higher education of nurses, and the following resolution was framed and duly forwarded to

the board of governors of the university:

"Whereas the profession of nursing exists primarily for the welfare of the public, and

Whereas the problems of the training of nurses are problems of education—

- (a) Whether there should be more than one grade of nurses;
- (b) What the preliminary training should be;
- (c) What the course of study should be;
- (d) Whether there should be compulsory registration with a view to the protection of the public, and

Whereas the university is the highest authority on education in the province;

Therefore be it resolved that the Manitoba Association of Graduate Nurses do now ask the Board of Governors of the University of Manitoba to lend its assistance in solving this educational problem, by whatever means in their good judgment are available."

**ANNUAL MEETING OF THE M.A.G.N.**

—In 1920, for the first time in our history, the annual meeting was held outside Winnipeg. The invitation of Brandon was accepted, and by all who had the privilege of attending it was conceded to be the most successful that had yet been held up to that time.

As an outcome of the report presented by the Provincial Board of Health the following resolution was forwarded to the chairman of the council of the rural municipalities:

"Whereas the mortality among mothers in childbirth is alarming, and

Whereas the mortality of children from neglect and preventable causes is to be greatly deplored;

Therefore be it resolved that the M.A.G.N. in annual meeting in the City of Brandon, on January 25th, 1920, respectfully direct the attention of the council of the rural municipalities to the urgent need for medical and nursing services in the rural districts of this province. We do now express the desire and willingness of this association to co-operate in the organization of such a force as will alleviate conditions as speedily as possible."

Resolutions were also forwarded to the Red Cross Society re enrolment for emergency service, and re their establishing university courses and scholarships for the encouragement of nursing in the province.

A system of rural public health nursing was soon established on approved lines.



**CENTRAL DIRECTORY**—During 1921 a Central Directory for Nurses was formed and established at the nurses' residence on Wolseley Avenue. This made a further revision of the constitution and by-laws necessary, and was in accord with progress in all the larger centres.

**STANDARD REQUIRED**—In 1923 the status of nursing education was raised by the passing of an amendment to the act, whereby a minimum standard of education for applicants to our training schools was made that of one year high school or its equivalent.

Also hospitals maintaining a school of nurses of not more than twenty beds, were to be required to send their pupils to a larger hospital for a portion of their training.

**MEMORIAL COMMITTEE**—The Provincial Committee for the National Memorial accomplished its work in 1923, and Mrs. Bruce Hill, its able convener, was asked to act in a similar capacity for the raising of a Provincial Nurses' Memorial Fund.

**MEMORIAL COMMITTEE'S REPORT**—What was first started as an Endowed Bed Fund was, by an unanimous vote, changed both in purpose and name to the Provincial Nurses' Sick Benefit Memorial Fund. A \$10,000 endowment bond was taken with a large Canadian insurance company, for a period of twenty years, provision being made, in case of emergency, for the intervening years.

**INCREASE OF MEMBERSHIP**—In 1925 the average number of nurses to obtain registration was nearly doubled, mounting to one hundred and eighty-six.

The large increase of membership was thought to be due to the growing sense that registration is necessary to the graduate nurse, and compulsory to all who enroll, and also due to the co-operation of the organizations employing only nurses thus registered.

**ORGANIZATIONS ASSISTED**—The association has contributed for some years to the support of a native nurse in India, also to the assistance of work amongst new Canadians in Winnipeg and to giving of Christmas cheer.

Donations have also been made to the Red Cross Society and the Provincial Temperance Campaign Fund in the past few years.

**QUARTERLY AND ANNUAL MEETINGS**—The meetings of the association have taken place for the last three years quarterly instead of monthly. Two of these meetings were held at Ninette Sanatorium by invitation of Dr. D. A. Stewart, and the hospitality extended by Dr. Stewart himself, and Miss Houston and her staff, will be long remembered by those present on those occasions.

At the annual meeting in 1926 we had the privilege of having Miss Gladwin, a leader in nursing affairs across the border, address our convention.

A paragraph from the president's (Miss Elizabeth Russell's) address on that occasion may here be quoted:

"Our only method of maintaining contact with each other as a professional group is by our alumnae, provincial and national meetings. In unity lies strength, and this association exists to help make the nurses' contribution to the world's work, both individually and as a group, of as high an order as possible.

"No chain is stronger than its weakest link, and as individuals it is incumbent upon us to demonstrate our interest in our association, by our attendance at meetings, by freely entering into discussions, and by our willingness to serve for the common good. As a group we are concerned about our profession, its progress and standards.

"The nurse by her training and experience can and must prove a strong social force that shall stand behind every movement, local or national, that has as its aim service to humanity.

The following are the past presidents of the Manitoba Association since its inception:

Miss Reid.....	1905-06
Miss S. McKibbin.....	1906-08
Mrs. Bruce Hill.....	1908-09
Mrs. Hugh MacKay.....	1909-10
Miss Johns.....	1910-11
Miss Cotter.....	1911-14
Mrs. A. W. Moody.....	1914-15
Mrs. Willard Hill.....	1915-16
Miss E. Gilroy.....	1916-18
Miss Gault.....	1918-19
Miss Eliz. Carruthers.....	1919-21
Miss Mary Martin.....	1921-23
Miss Elsie Wilson.....	1923-25
Miss Eliz. Russell.....	1925-27
Miss E. Gilroy.....	1927-28

**NATIONAL MEMORIAL**—In 1926, when the Nurses' National Memorial was unveiled in the Hall of Fame of the Peace Tower, forming the centre of the Federal Buildings at Ottawa, on August 24th, many Manitoba nurses were present to do honour to those of its own seven nursing sisters, and those of their sister provinces who had paid the supreme sacrifice during the Great War.

**NATIONAL ASSOCIATION**—We recall that in June, 1916, the Canadian National Association of Trained Nurses and the Canadian Society of Superintendents of Training Schools for Nurses held their joint conventions for the first time in Winnipeg. It was at this, the fifth general meeting, that the national organization decided to purchase and continue the publication of "The Canadian Nurse." This magazine which had first been launched in 1905 as the Alumnae Journal of the Toronto General Hospital, had become the official organ of the Graduate Nurses' Association of Ontario in 1907, the same year that the Winnipeg General Hospital Nurses' Alumnae Association issued their Alumnae Journal under the able management of Miss Johns as editor and Miss Isabel Stewart (now Professor

of Nursing, Teachers College, Columbia University) as its business manager.

In February, 1923, the national association established its headquarters in Winnipeg, and since September, 1924, "The Canadian Nurse" has been published in our midst. The national office is located at 511 Boyd Building.

The national organization is to meet in Winnipeg for the second time, to hold its fourteenth general meeting, in July of the present year. Owing to the much lamented death of Miss F. M. Shaw, president, it devolves on Miss M. F. Gray, former lady superintendent of the Winnipeg General Hospital, as acting president to take over the duties as such on this occasion, and to her and members of the executive committee, the nurses of Manitoba will bring their best efforts to make the coming meeting one to be remembered in the history of the Canadian Nurses' Association, which celebrates its twentieth anniversary this year.

**INTERNATIONAL COUNCIL OF NURSES**—We shall all look forward to meeting in Montreal next year, for the gathering of what may be called the "League of Nations" of the nursing world.

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## Canadian Nurses Association

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### BIENNIAL MEETING

July 3, 4, 5, 6, 7

1928

Winnipeg, Manitoba





BARONESS MANNERHEIM

President, International Council of Nurses, 1922-1925

### *Baroness Mannerheim*

The news of the death of Baroness Sophie Mannerheim, will come as a great shock to all Canadian nurses interested in international nursing affairs, but more particularly to those nurses who had the pleasure of meeting her at the Congress of the International Council of Nurses held in Helsingfors, Finland, in the summer of 1925. Quoting from the I.C.N. of April, 1926:

Baroness Mannerheim was born and brought up in one of the most prominent families in Finland. She began her professional life in the Nightingale School, St. Thomas' Hospital, London, where she finished her course of training in 1902. In 1904 the Baroness was appointed matron of the Helsingfors Surgical Hospital, at the same time being entrusted with the post of director of the school of nursing of the "University Clinics," a group of six institutions, of which the Surgical Hospital is one. In 1905 she was elected president of the Nurses' Association of Finland.

The Baroness has had a tremendous influence on the progress of nursing in Finland during her years of office in these positions. She has been the moving force in getting the one-year course of training altered to a three-

year course, with regular periods of training in each service; in introducing a preliminary course; in arranging for probationers to live in the nurses' home; and, together with able helpers, in the issuing of text books and the use of modern records. Under her presidency the association has developed along modern lines. It started its monthly magazine, *Epione*, in 1908, and has a fund for helping nurses, recreation and old age homes.

The Baroness, however, has not limited her interest to her native country. She has taken a very active part in the work of the Nurses' Union of the northern countries of Europe, and has attended most of the congresses and business meetings held by the International Council of Nurses since its congress in Paris (1907). At the meeting in Copenhagen, in 1922, she was elected president for the following triennial period, and in 1925, at Helsingfors, was made honorary president of the council.

The Baroness' experience has also been invaluable to the Nursing Division of the League of Red Cross Societies, of whose advisory board she has been chairman since its inauguration a few years ago.



## Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,  
Miss FRANCES REED, General Hospital, Montreal, P.Q.

### *X-Ray and the Nurse*

By A. STANLEY KIRKLAND, M.D., Roentgenologist, General Public Hospital,  
Saint John, N.B.

Before I am corrected for the unchivalrous beginning, may I state that x-ray appears first in the title due to its permanent place in the hospital, whereas the nurse is a bird of passage, here for three years and then divorced from her hospital save as she visits it on private duty. This explanation does not take into account the small percentage of hospital executives and floor nurses who remain with the institution.

The x-ray department should do much for the nurse, but it is my opinion that the nurse has no place in the department of roentgenology, for I have not found that nurses make satisfactory x-ray technicians. Perhaps the routine is too exacting. Possibly the contact with the patient is too feeling. Maybe the nurse's previous training makes the mechanical precision of x-ray technique too tedious and cramping; or perhaps she resents the necessity for further instruction or study needful to make her proficient. At any rate, a technician properly trained in x-ray, alone surpasses in usefulness any nurse subsequently adapted to x-ray.

Roentgenology is an inquisitive science, and the nurse in our hospital first comes in contact with the x-ray through a form of inquisition. It has been the custom in the Saint John General Public Hospital for years to submit each probationer to an exacting physical examination at entrance. Conducted by a senior internist, this examination has been very useful, but various conditions occasionally become evident in the first year of training, and sometimes at a later date, which were undoubtedly missed at the preliminary survey. These subse-

quent manifestations of old illnesses made it seem advisable to add an x-ray examination to the previously established clinical investigation.

As a beginning the chest of each candidate for training is carefully fluoroscoped, at which time we quite commonly record the presence of evidence indicating the remains of old pleural thickening, adhesions to the diaphragm, enlargement of bronchial glands, enlargement of the heart, or myocarditis. One thing that we particularly look for is scoliosis. This is a defect which, found in a young applicant, and most of them are young, is a very real reason for refusing to allow her to attempt the really hard physical labour involved in any nursing course. When the fluoroscopic record is completed, stereoscopic chest films are made and examined for evidence of parenchymatous disease. Tuberculosis is the condition chiefly looked for and it may appear as an old healed lesion in the hilus or in the upper third of either lung, in which careful record of the present condition is noted, as an addition to the individual's dossier and as a protection to the institution. Again, the appearance may be that of a more active type. In the case of an old lesion, I do not think that the training course is contra-indicated if the general condition is good and the clinical signs of activity are absent, but if there is any possibility of activity the decision is easily made—training is inadvisable. When tuberculosis is not found, there are still several lung conditions which may confront us. The lung fields may show a variety of markings, varying from increased hilus shadows and in-

creased densities in the paravertebral trunks to definite x-ray pictures of bronchiectasis. The slighter findings should point the way to an early examination of the nose, throat and mouth by an expert. When trouble is found in the tonsils, nares or accessory sinuses of the skull, by removal of this focus it frequently happens that the chest condition will look after itself. Bronchiectasis is, of course, sufficient to cause the rejection of the candidate. This condition, it must be remembered, is being proved more and more a disease of youth.

Thus far the x-ray examination is routine, but the clinician in his survey has scouted out other areas of which he is suspicious. One nurse is referred for x-ray examination of her teeth, and if diseased roots are found her dentist removes the offending teeth; or another girl's voice and cough suggest an x-ray examination of the nasal sinuses. More rarely a history of gastro-intestinal disturbances, with suitable x-ray study, will reveal disease of the appendix or gall bladder. We have found that by cross checking the x-ray findings and the clinical report that our percentages of error and omission in diagnosis have been appreciably lowered.

Any and all of these conditions should be cleaned up before the probationer is accepted for training, for two reasons at least: firstly, because it is impossible for a student nurse to properly do her work with the handicaps of disease; and, secondly, because if the condition is missed or not corrected it will most likely crop up in her intermediate or senior year, when an enforced lay-up and holiday will be more costly to the institution and may more or less seriously inconvenience the schedule of nursing services. Also lost time in the senior years may conceivably be costly to the student herself as compared to the period before her studies are assumed.

Seriously, I feel that any institution would be justified in insisting that this preparatory repair work be

a charge on the student and her family, because without it she is not in the highest degree acceptable as a novice nurse.

During her training years, when she conducts patients to the x-ray department, the nurse should learn much by observation of their examination or treatment. This is particularly true when fluoroscopic examinations are indicated. I know of no easier or more convincing demonstration of the mechanics of chest physiology than is obtainable by watching the movements of the bony cage of the thorax and the diaphragm on the fluoroscopic screen. The size, shape and movements of the heart; the shape, position, mobility, and peristalsis of the various sections of the gastro-intestinal tract may be demonstrated easily if the radiographer but take the time; and if the nurse shows a slight interest he will be glad to spend the time necessary.

It has been a hobby of mine to attempt to convince the members of each succeeding class of students that the high enema, so called, is a myth. By that I mean that the passage of an enema tube a distance of one or two inches beyond the sphincter is all that is necessary to provide a satisfactory instillation of fluid into the upper reaches of the colon. I have never seen the tip of an enema tube passed above the brim of the true pelvis but I have seen a foot or so of tube coiled or kinked in the rectum. Proper posturing of the patient, with patience and gravity, plus a two-inch insertion of the tube, will allow an enema to flow to the caecum in a non-obstructed bowel.

The nurse is an evangelist and frequently an apologist of ethical medicine to the lay public. As such, her instruction should be as accurate as possible as to the possibilities and limitations of each branch of medicine with which she comes in contact. I make an effort to point out the types of disease in which the x-ray may give information or aid in diagnosis. Also I try to teach the student nurse



the major diseases which may be successfully treated by x-ray therapy, for I know by long association with nurses that their friends, patients and acquaintances, not occasionally but frequently, ask them: "Is the x-ray good for tuberculosis?" "Will the x-ray cure the ulcers in my stomach?" and so on. Questions sometimes ridi-

culous to us but very important to the ill-informed seeker after relief. I hope and believe that a well-trained nurse will be able to give intelligent and satisfactory answers to such lay questions and so help to maintain and enhance the respect due the profession of healing which nurse and physician share.

Mental hygiene work in Toronto is enlisting the help of nurses in many interesting ways. The list of those associated with special activities in that field is steadily growing.

All the public health nurses of the Department of Public Health are realizing that an understanding of mental hygiene is essential to the development of their general work in the homes, the schools and the clinics. The Rockefeller Foundation has granted two fellowships to nurses of that department in order to increase the value of the whole organization to the students of the University Department of Public Health Nursing. Miss Josephine Kilburn has completed a six months' study of mental hygiene case work under the direction of Dr. Esther L. Richards in Baltimore. Miss Emma deV. Clarke has been granted a year

of study which will be arranged by Miss Mary Beard, assistant director, Division of Medical Education, Rockefeller Foundation.

Miss Emma deV. Clarke has supervised the mental hygiene nursing service of the Department of Public Health since September, 1919, and has contributed largely to the development of the auxiliary classes in the public schools. Her many nurse friends expressed their pleasure in this fellowship award by a series of friendly parties. The auxiliary class teachers arranged a delightful afternoon tea in her honour.

Miss Clarke expects to rejoin the department on her return in January, 1929, and will continue her efforts for the development of public health nursing and mental hygiene. She will work under the direction of the psychiatrist of the Department of Public Health.

#### Full time service in Toronto:

Miss Marjorie Keys, secretary, Canadian National Committee for Mental Hygiene.

Miss Agnes Law, social investigator, Juvenile Court, Toronto.

Miss Josephine Kilburn, psychiatric child worker, Mental Hygiene Division, Department of Public Health, Toronto.

Miss Bessie Hutchison, Mental Hygiene Division, Department of Public Health, Toronto.

Miss Gladys Bastedo, psychiatric social worker, Division of Research, Canadian National Committee for Mental Hygiene.

Mrs. Wiltshire, nurse in charge, Out-Patient Department, Psychiatric Hospital, Toronto.

#### Part time service:

Miss Catherine Sparrow, school service at the Nursery School, public health nurse, Department of Public Health.

Miss Eva Dunn, school service at Junior Vocational School, public health nurse, Department of Public Health.

Miss Joyce Davidson, school service at Edith L. Groves School, public health nurse, Department of Public Health.

Miss Lillian Dowdell, school service at Regal Road School, public health nurse, Department of Public Health.

Miss Edna Fraser, Hospital Social Service, Neurological Clinic, Toronto Western Hospital, public health nurse.

Miss Greta Ross, Hospital Social Service, Neurological Clinic, Hospital for Sick Children, public health nurse.

Miss Marie Quigley, Hospital Social Service, Neurological Clinic, St. Michael's Hospital, public health nurse.

## *Report of Conference on University Courses in Nursing*

A conference of nursing schools connected with colleges and universities was held at Teachers' College, Columbia University, New York, from January 21st to January 25th.

The object of the conference was to discuss informally, but critically, the existing courses and curricula.

The opening sessions included a summary of the Relations of Nursing Education to Universities, by Miss Adelaide Nutting, professor emeritus of nursing education, Teachers' College, and the Relation of Nursing Education to Medical Education, to Medical Schools, Hospitals, and to Current Education Movements, presented by the Deans of Yale, Columbia and Vanderbilt universities.

Miss Nutting was the chairman for the morning session and Miss Annie Goodrich, Dean of Yale University School of Nursing, presided in the afternoon. The subsequent sessions took the form of group conferences or round tables and as a result of the free and informal discussion which took place on every aspect of university courses in nursing, a great deal of valuable information was brought out that was helpful to those who are responsible for existing courses or interested in establishing such courses. Some eighteen universities were represented, either by the deans or professors of the school of nursing, or by the superintendent of the hospital school affiliated with the university. Of those present five were from Canadian universities and six from hospitals affiliated or connected with them.

It was interesting to note from the information given how different is the status of these departments of nursing in the different universities, and equally how different the colleges under whose cloak they are housed. The opinion one formed was that where there was a women's college there had been fewer barriers to break down in establishing a nursing course. In a few cases these schools ranked as departments of the university, but in others were branches or departments of existing schools, such as the School of Science, School of Medicine, or College of Education. It was evident that the best results were obtainable when the department of nursing is an independent unit. There seems to be no doubt, however, that in the majority of cases these departments of nursing have developed their courses by utilizing existing facilities within the university, rather than planning the nursing course independently. This, in almost every case, was the result of financial handicap. Only one or two universities appear to be in the wholly

independent position of mapping out the course in nursing education without taking any other department into consideration. One point that was stressed was that the principal of the school of nursing (or superintendent of nurses), where the field or laboratory work in practical nursing is given, should be a member of the faculty of the department of nursing education, otherwise she becomes too impersonal and incidental.

Among the more important topics under discussion were:—

(a) Administration of University Nursing Schools.

(b) Cost of Professional Education in University Schools of Nursing (cost to school and student).

(c) The Curriculum of the School of Nursing connected with an University or College.

(d) Standards of Evaluating the work of an University School of Nursing.

Great emphasis was put on the importance of budgeting the school of nursing, and at this point much information forth came as to the cost of nursing service, both graduate and under-graduate. This opened up the question of ratio of graduate nurses to student nurses, and of nurses to patients. Further discussion as to the number of students per bed capacity followed and in the minds of those present it was evident that the time had come when there should be a limit to the number of student nurses in any one school (according to bed capacity and special departments) to avoid the possibility of unemployment in the profession.

It was interesting and comforting to note that, in the minds of those who are developing these university schools of nursing, the underlying thought is for better bed-side nursing, and better preparation of the under-graduate nurse for this responsibility. This arrests the criticism that is so often made of higher standards of professional education.

Time was also given to the question of the status and duties of the head nurse, supervisor, teaching supervisor, director of nurse education, etc. It was evident that these names, or rather the duties assigned in different institutions to the nurses under these headings, varied widely, but one point was clear, and that was the value and importance of head nurses (or supervisors) forming part of the teaching unit, and development in the curriculum of ward teaching. This undoubtedly applies to all schools of nursing, whether connected with a university or not. The best type of post-graduate preparation for head nurses was also con-



sidered, and whether or not head nurses in university schools of nursing should necessarily be university graduates.

Although no definite policy was formulated at the conference the discussions were so illuminating and of such vital interest to those present that it was decided to have similar meetings at future dates in other university centres. The details were left to an arrangement committee.

As university courses in the various

branches of nursing are comparatively young there should be fewer traditional barriers to break down than has been the case in the history of hospital schools. Therefore one realizes the wisdom in planning a conference of this type so that these courses will be built on a sound basis and that the curricula will include all essential subjects, none of the non-essential subjects, and that these subjects, whether theoretical or practical, will be presented from the nursing standpoint.—

—Grace M. Fairley.

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## *Junior Red Cross*

Junior Red Cross is a co-operative organization of young people banded together for the promotion of health for themselves and for others, for the promotion of service one for the other, and for the promotion of good citizenship and international friendliness. The secret of the power of this great organization which has now spread round the world, lies in the fact that the young members learn to take responsibility. Remarkable initiative is shown in their activities carried on through their officers and committees, and these activities give the members infinitely more satisfaction than if they were more or less forced on them by the teacher or some other grown up. Thus develops an enthusiasm in the members for carrying out the rules of the health game and the rest of the Junior Red Cross programme.

In order to get Junior Red Cross organized a demand must first be made on the time of the teacher. After the initial steps of explaining the objects of the movement she must show them how to organize and how to conduct meetings, and then Junior Red Cross tends to help out the teachers by promoting self-discipline.

The time for the meetings is left entirely to the teachers. In most schools they are held on Friday afternoon, whether weekly or bi-weekly, and at these meetings the officers of the club take charge. After simple parliamentary procedure the business is conducted and the reports of the committees received. These committees may be on cleanliness, sanitation programme, service activities, or any other useful committee that the group may consider necessary. The programme of the meetings may consist of the reading of a health story by a member, a demonstration by a school nurse, a health play by the pupils, or the regular hygiene lesson by the teacher. The programmes are carefully planned by a convener of a programme committee. At one meeting held recently in a Toronto school, the superintendent of one of the District Health Offices presented the Junior Health League diplomas and pins linking up the two health projects of Junior Health League classes and Junior Red Cross classes: thus they learn co-operation which extends finally to the host of 10,000,000 children who are today working for Junior Red Cross.

## Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,  
Miss AGNES JAMIESON, 1230 Bishop St., Montreal, P.Q.

### *Radium*

By ELEANOR PERCIVAL, M.D., Montreal

There is perhaps no chapter in medicine about which so little is understood as the therapeutic use of radium. Nor is there any agent which can produce such changes in tissues as if by magic. Under its sway a rodent ulcer melts with a single application, a leukemic blood picture may be brought to normal if only the spleen be exposed, the menorrhagia so commonly met with at the menopause may be entirely controlled by a treatment but little more exacting than a curettage, and even a large fungating cervical cancer may vanish: so powerful are these invisible rays.

In its pure form radium is an element which was discovered by Professor and Madame Curie in 1898. It is the most wonderful substance known, being valued at over three million dollars an ounce. By weight it is therefore one hundred times more precious than diamonds. Pure radium looks like silver but it is used combined with bromine as a salt, which resembles common salt.

Radium owes its place in medicine to the fact that it possesses greater powers of radio-activity than any other substance known. By that it is meant that radium is constantly giving off rays which show very definite physical properties. First: these rays affect a photographic plate just as x-rays do. Second: they are phosphorescent. Even in a dark room it will be noted that there is very little if any glow from a tube of radium, but if the radium is placed on a screen covered with zinc sulphite a brilliant green glow is evident. If thin pieces of metal are placed between the radium and the screen the glow is still present,

showing that these rays can penetrate metal. Third: radium discharges electrified bodies and makes any gas on which it acts a conductor of electricity. Last: radium generates heat just as coal or any other burning substance does. One gram of radium gives off enough heat to raise one gram of water from freezing point to boiling point in 45 minutes. Or a mass of radium gives off a hundred times as much energy as the same weight of coal: and coal once it is burnt is no longer coal, dynamite when exploded is not dynamite, but radium is as active as ever. However, this intense activity of radium does not cause any appreciable loss of weight or power. It is estimated that the number of atoms lost in doing all this work is so small that in over 1,700 years a quantity of radium loses only one-half its value. Hence, radioactive substances are performing the scientifically impossible feat of evolving a store of energy out of nothing.

Prior to 1895 thorium and uranium were the only substances known which were radioactive. When working with these minerals Madame Curie noticed that certain rocks were more radioactive than could be explained by the uranium which they contained. One rock in particular, called pitchblende, which was mined in Austria, was especially radioactive. From this Madame Curie argued correctly that there must be present in these minerals some substance which was more radioactive than uranium. By ordinary processes of chemical analysis the various constituents of pitchblende were isolated. In the substances so isolated, two in particular, the bismuth and the barium, were found to be very radioactive. Since neither bismuth nor barium

(A paper read before a meeting of the A.A. Montreal General Hospital, November, 1927.)



is radioactive, Madame Curie continued the process of chemical analysis until she found two new elements: the one associated with bismuth she called polonium, after her native country, and the other associated with barium she called radium.

For years the pitchblende mined in Austria was the only source of radium. Later small deposits were found in Sweden and Wales. A few years later experiments with other rocks showed that carnotite also yielded radium. This is now found in extensive deposits in Colorado and Utah. The manufacture of radium is a long and tedious process. A slight appreciation of the work done by Madame Curie may be had from the fact that less than one-half a grain of radium was obtained from one ton of pitchblende, or in every 200,000,000 parts of the rock there was one part of radium. In 1920 there were three or four companies in the world producing radium and the largest of these produced only one ounce in an entire year.

Not only does radium itself possess these peculiar properties of radioactivity but it gives off a gas, known as the emanation, which is just as radioactive as radium itself. This gas can be collected and sealed in tiny glass tubes or beads of any length or bore, which is a distinct advantage in treating very small lesions. The emanation, unlike radium, deteriorates rather rapidly, losing one-sixth of its value every 24 hours, independent of whether it is used therapeutically or not. Another distinct advantage of the emanation is that should it be lost when a dressing is being removed, the radium which produces the emanation is still safe: only the day's interest has gone, the principal is intact.

The action of radium on the body was unknown until 1901 when Professor Becquerel carelessly carried a tube of radium in his pocket. Fourteen days later a severe inflammation known as the Becquerel burn de-

veloped. Since then active investigation into the action of radium on diseased tissues has been carried on, resulting in the establishment in Paris in 1906 of the Biological Laboratory of Radium and of a similar institution in London in 1909.

In treating any lesion the radium salt or emanation is first enclosed in a metal capsule. This cuts off some of the shorter rays which are ineffective therapeutically and would only cause a superficial burn. By numerous experiments the dose of radium which will cause an erythema of the skin in 10-14 days has been calculated and is known as the erythema skin dose. This dose naturally varies with the distance at which the radium is placed from the skin; for example, if the radium package is placed two inches from the skin it requires four times the dose to produce reddening than it does at a distance of one inch. With this as a basis the dose which will destroy a cancer or a lupus may be determined.

Take for example a rodent ulcer on the cheek: a thin layer of gauze one-eighth of an inch in thickness is first placed over the growth; the tube or tubes of radium are placed on the gauze immediately over the ulcer and are allowed to remain there for a calculated time. The patient will not feel any burning or discomfort nor will there be any change seen when the radium is removed. Ten days later a distinct erythema will occur, the ulcer will become inflamed and may be covered by a purulent exudate. In approximately four weeks the ulcer will begin to dry up; the inflammation subsides gradually; and in six-eight weeks after the initial treatment a normal healthy skin has replaced the ulcer. Should the first treatment be insufficient, a second treatment may be given in six weeks' time.

In the uterus radium brings on the menopause by a double action: first, by producing a sclerosis of the blood vessels of the endometrium and,

secondly, by destroying some of the follicles in the ovary.

The greatest field for radium is probably found in gynaecology. Here there are three main indications—

- (1) Carcinoma of the cervix.
- (2) Menopause bleeding.
- (3) Small fibroids.

Skin conditions such as rodent ulcers, lupus and epitheliomata are also very successfully treated. One may add to these any superficial recurrent malignant nodule, such as secondary skin metastases from carcinoma of the breast, parotid, etc.,

and primary growths on the lip. When large quantities of radium are available more deeply seated lesions may be treated, as leukemia, Hodgkin's disease, lymphosarcoma, glandular malignancies, etc.

From this cursory review it will be seen that radium is a very powerful therapeutic agent, the therapeutic possibilities of which are still not entirely known. It is not a cure-all for every type of cancer, but in many cases will retard the growth and relieve symptoms and, if the lesion be an early one, a possible cure may be hoped for.

### *Letter to the Editor*

Classmates of Mrs. W. J. Mephram (L. E. Cummins, Royal Jubilee Hospital, Victoria, B.C.) and many other readers will enjoy the following interesting letter, written on November 24th, 1927, to the Editor from Leger des Heils, Pelantoengan, Soekeredjo-Kendal, Java:

"You may wonder at this far-away address, but I have taken up work here in connection with the Salvation Army. . . .

"This is a beautiful country; always summer, at least from a Winnipeg standpoint. The work of nature far exceeds anything I had ever imagined. The palms, foliage, trees, flowers—especially roses—and vegetables are wonderful. Perhaps it may interest you to know that the vegetables used here are the same as you are using in Winnipeg. There is a vast difference in the variety of fruit: bananas, oranges and pineapple are the chief fruits used where we are.

"At the present time I have charge of a little hospital, twenty beds, just outside of the big leper colony here. It is a government institution. I came right in with no language and no one to help me. It is a case of being forced to 'paddle your own canoe!' The chief drawback is, the patients speak Malay and Javanese, the reports and medicines are Dutch, while I speak only English.

"We attend to men, women and children suffering chiefly from that dread disease, syphilis, and the ulcers caused by it are ghastly. They say that about 90 per cent. of the natives are infected. Then, too, there are cardiac cases, accident cases, maternity work, medical cases (including T.B.) and malaria: in fact everything except leprosy.

"The methods under which I work are altogether different to what I was taught in the Jubilee Hospital, Victoria, B.C.; also different to the methods employed in Grace Hospital, Winnipeg, where I was on the staff for over three years. Still, with the experience gained in these places I am able—even with the language—to get along quite nicely.

"One of the chief differences is that there are no pupil nurses; besides myself there is one native man who helps me, but he does not understand English. Another difference is there are no beds to make: there is the bedstead with springs, but in place of a mattress is a straw mat. It almost breaks my heart to see those who are really sick lying on these hard beds, but they are better than the native is used to: which is the floor. There is a little girl here whose lower limbs and back are badly burnt, an accident which is common here for they stand by an open fire and their sarongs catch fire. I feel so sorry for this mite on the hard bed, but there is never a murmur from her. She sure is an example to many patients in Canada.

"In connection with the hospital there is a clinic every morning from six until noon. The native doctor attends four mornings a week for an hour and a half; the rest of the time I have to puzzle things for myself, as to the diagnosing and prescribing, and in the case of some accidents, do the suturing as well. I enjoy this part very much.

"My husband is working amongst the native lepers and is fascinated with the work. That branch of the work is very interesting, but I do not touch it. . . .

"I look for The Canadian Nurse now with more longing and expectation than I did whilst living in Winnipeg. It is one of the many ties I have with the Homeland—Canada."



## News Notes

### CANADIAN NURSES ASSOCIATION

The biennial meeting of the Canadian Nurses Association is to be held in the Fort Garry Hotel, Winnipeg, from July 3rd to 7th inclusive. Federated associations should now be making arrangements to send at least one delegate to this meeting. Of course, the provincial associations will be represented by several delegates. As Winnipeg is midway between the eastern and western coast lines of Canada it should prove to be a convenient point for the nurses of Canada to gather.

The programme committee is busily engaged in completing arrangements for an interesting programme, while plans are well-advanced by the committee on arrangements to make this general meeting successful in every way. A list of hotels, with rates, will be published in the April number of *The Canadian Nurse*.

Annual meeting of the Graduate Nurses Association of British Columbia, April 9th and 10th, Vancouver.

Annual meeting of the Saskatchewan Registered Nurses Association, April 11th, 12th, 13th, in Moose Jaw.

### ALBERTA

**Edmonton:** The reports of the annual business meeting of the Edmonton Graduate Nurses Association, held in January, show a successful and profitable year. The officers elected were: President, Miss B. Emerson; first vice-president, Miss Welsh; second vice-president, Mrs. Manson; secretary, Miss M. Baird; treasurer, Miss Christenson; corresponding secretary, Miss J. M. Chinneck. A hearty vote of thanks was given to the retiring officers.

Miss E. Clark, supervisor of Provincial Public Health Nurses, has returned from a pleasant holiday at the coast.

Miss Fenwick, superintendent of the University Hospital, has returned from a short stay in New York.

Miss Peters (Montreal General Hospital) has accepted the position of assistant superintendent of the University Hospital.

Misses L. Bradley and Litser, 1927, have accepted positions on the staff of the Hanna Municipal Hospital and the R.N.B. Hospital, Vegreville, respectively.

**Medicine Hat:** On February 6th the annual meeting of the Medicine Hat Graduate Nurses Association was held in the Nurses' Home of the General Hospital. The meeting was well attended and the year's report showed a donation of chairs

to the class room of the nurses in hospital, \$10 to the Children's Shelter, \$25 to the Hospital Aid Society, £1 to Dame Maud McCarthy for the Queen Elizabeth Visible Memorial, a wreath for the Soldiers' Memorial on November 11th. The Association also took part in the July 1st celebrations. After the presentation of reports officers were elected for 1928.

Mrs. Howard Dixon has just returned from a pleasant visit to Sherbrooke, P.Q. While in Montreal Mrs. Dixon was the guest of honour at a bridge given by Miss Frances Reed at the Nurses' Residence, Montreal General Hospital.

Mrs. Frederick Gershaw is in Ottawa with Dr. Gershaw while the House is in session.

### BRITISH COLUMBIA

**Graduate Nurses Association of British Columbia:** Miss K. W. Ellis, president, occupied the chair at the January meeting of the Association, held in the Royal Columbian Hospital, New Westminster. The council reported that Mrs. E. D. Calhoun, who has left the city, had resigned as secretary, the position being filled temporarily by Miss E. Breeze, and that the vacancy on the council created by Mrs. Calhoun's resignation had been filled by Miss Laura Timmins. At the meeting of the Nursing Education Committee reports were presented by special committees at work preparing outlines of subjects included in the nursing curriculum and new type examination questions in the various subjects. A resolution was passed requesting the Nurses' Council to have mimeographed and thus available for all the nursing schools copies of the outline the History of Nursing and Nursing Ethics. The committees at work on objective examinations in Anatomy and Physiology and *Materia Medica* were asked to send copies to all the nursing schools and to obtain reports on these, and to report again at the next meeting of the committee.

The question of the evaluation of the educational standing of applicants who have not successfully completed two years of high school work in the high schools of the province again came up for discussion as unexpected difficulties had arisen in connection with the plan adopted at the last quarterly meeting of the Association. While the schools report few such applicants yet it seemed well to make provision for the consideration of exceptional cases. A resolution was passed asking the Nurses' Council to request the Department of Education to under-

take to evaluate the credentials of candidates of doubtful educational standing.

The Public Health Committee reported that the sub-committee in charge of the preparation of a permanent exhibit of photographs and records expected to have the exhibit in readiness for the annual meeting in April. Much work had been done by the Library Committee. The Supper Committee reported that arrangements were being made for another "Get Together" supper to be held in February.

The Private Duty Committee (Miss Turnbull, convener) reported that the committee had appointed Miss Gunn as its representative on the central directory of Vancouver Graduate Nurses Association. This group had also discussed the scarcity of articles from the West in The Canadian Nurse and had appointed Miss Brodie, of New Westminster, and Miss Howie, of Vancouver, to obtain news and articles for publication.

Following the business meeting Dr. W. A. Robertson, of New Westminster, gave a talk on Building of Personality, and refreshments were served by the Royal Columbian Hospital. Members attending the committee and section meetings in the afternoon were entertained at tea by the hospital, and Miss Stewart, superintendent of the institution, entertained the council at dinner.

**St. Eugene Hospital, Cranbrook:** The formal opening of the new home for nurses took place on January 25th. The ceremony of the blessing of the home opened with a solemn high mass, the assembly hall being converted into a temporary chapel for the occasion. At the conclusion of the mass the Rev. Father Elman in a few well-chosen words presented a picture of "the ideal nurse" and pointed out the influence of the home environment in the process of her development. This was followed by the procession of the clergy through the house and the aspersion of the rooms. The Ladies' Hospital Aid held a reception and served tea in the assembly hall. The house was open to visitors and many came to offer their congratulations to the sisters.

The new home is a very modern building of three stories, well lighted and ventilated throughout. The first floor is entirely given over to parlour, living room, class and demonstration rooms, offices of the directress, and kitchenette. The library and office of the instructor are on the second floor, and the remainder of the building is taken up with bedrooms, baths, lavatories, sewing room, trunk room and laundry. Each student is provided with a private room which, judging from the generosity of friends so far, it is safe to say will be attractively furnished.

Sister John Gabriel, B.A., R.N., educa-

tion director for the Schools of Nursing for the Sisters of Charity of Providence in the Northwest, recently paid her annual visit and gave her regular course of lectures on Diets in Disease and Psychology for Nurses.

The graduates of St. Eugene School of Nursing, under the guidance of Sister John Gabriel, have recently organized themselves into a body to be known as St. Eugene Alumnae Association. The following nurses were elected to office: President, Mrs. Ashton Powers; vice-president, Mrs. Fred. Hunter; secretary, Mrs. O. N. Jacobson; councillors, Mesdames Charles McDonald and Ross Paszeuzzo. The first general meeting will be held on the last Monday in May.

Miss Frances Chelmick, 1925, left recently for St. Mary's Hospital, Rochester, Minn., where she will engage in special duty.

Miss Laina Hendrickson, 1927, has accepted a position on general duty at the Mater Misericordia Hospital, Rossland.

**New Westminster:** Miss Letitia McNair has resigned from the New Westminster Branch of the V.O.N.

**Vancouver:** Miss E. D. Calhoun, formerly district superintendent of the Vancouver Branch of the Victorian Order of Nurses, has left for California.

Miss H. G. Munslow, assistant superintendent of the Vancouver Branch of the V.O.N., resigned to be married. The wedding took place in January.

Mrs. Grindon, formerly of the Burnaby Branch of the V.O.N., has accepted a position with the Provincial Department of Health.

**Vancouver General Hospital:** The annual meeting of the Alumnae was held in the New Home, General Hospital, on January 3rd. Miss Granger presided.

Much business and many new ideas were discussed for the further development of the Association.

Business and sewing meetings will be held alternately, at which short programmes of interest will be given. The hostesses for the meetings: the graduates of different years. Layettes for the Social Service Department, General Hospital, will be continued at the sewing meetings.

The evening of January 24th, a delightful re-union banquet was held in the ballroom of the Hotel Georgia. Graduates from 1901 attending. Numbers of nurses renewed acquaintanceship again after many years. The speaker of the evening was Dr. Burnett, a member of the General Hospital staff. Dr. Burnett is an old friend of the nurses, and gave a splendid talk on the value of an active Alumnae to the hospital and wider nursing organizations. Mrs. Carder expressed greetings to the Alumnae. The singing of old



Alumnae songs, composed in training days, added greatly to the zest of the evening. Those present, other than Alumnae members, were Miss K. W. Ellis, superintendent of nurses; Miss Helen Randal, registrar; Miss Mabel Gray, assistant professor of nursing at the University of British Columbia, and Miss O'Connor, one of the graduates of 1901.

The February meeting of the Alumnae was the first sewing meeting of the Association held in the Nurses' Home, the class of '27 and '26 acting as hostesses. A splendid programme was given and a number of garments added to the growing collection of layettes.

The following new members were enrolled: Misses Rae, Laird, Thompson, Bigelow, Bealby, all of the staff of the Vancouver General Hospital, Miss Jenkins, public health student, University of British Columbia, and Miss Stoddart, public health nurse with the Victorian Order of Nurses.

A short meeting of the executive was held previous to the sewing meeting.

**Vancouver Graduate Nurses Association:** The monthly meeting of the Association was held in the New Home, General Hospital, on February 8th, Miss Ewart (president) in the chair. There was not much business. The reports of the various committees were read and adopted. The Programme Committee suggested that a picnic be held in June, which idea was warmly supported; the place where it should be held to be decided at a later meeting. The matter of the Allison Cummings Memorial was postponed until the March meeting, when it will be decided what form it will take. A letter was read from Dr. F. Bell, general superintendent, kindly inviting the members to attend the annual meeting of the Board of Directors of the hospital. Business concluded, everyone adjourned to the board meeting, after which refreshments were served.

**St. Paul's Hospital:** Miss M. Rogerson has been appointed assistant superintendent of nurses, assisting Sister Mary Alphonsus.

A new admitting office has recently been opened, Sister Mary Josephine being in charge, with Miss Kathleen Flahiff as assistant.

Friends of the following nurses will be pleased to hear of their convalescence after their serious illnesses: Misses Elwas, Stevens, M. Hamilton, Eva Evans and K. Millar.

Misses K. Stick, Gwen Oddstead, K. McGinnis and S. Fortier, have left for St. Mary's Hospital, Mayo's Institute, Rochester, Minn. Misses K. Flahiff, M. Stewart and M. Phillips have recently returned from that hospital.

Misses H. and J. Biggam have left for California.

**Victoria:** Miss Margaret A. Kinney, for the past two and one-half years matron of St. George's Hospital, Alert Bay, B.C., is now doing special nursing in Victoria.

**St. Joseph's Hospital, Victoria:** Miss Mabel Ringshaw, 1926, has left for Santa Barbara, California, where she will be on staff duty for the next few months.

## MANITOBA

**Winnipeg General Hospital:** Mrs. Pepper (Jameson, 1913), of Fort Qu'Appelle, has been visiting friends in the city.

Miss Jean Houston, 1915, of Ninette Sanatorium, was in the city for the annual meeting of the Manitoba Association of Graduate Nurses.

Mrs. S. J. Pierce, 1906, was a Brandon delegate at the annual meeting of the M.A.G.N.

Sympathy from the Alumnae is extended to Miss K. Cotter, 1905, in her recent accident.

Mrs. G. O. Fahrni (Paton, 1912) is spending the winter months in Honolulu.

Miss Gwen. Udall, 1927, has accepted a position in the hospital at Hearst, Ont.

Sympathy is extended to Dr. and Mrs. Bawden (M. Irving, 1907), of Moose Jaw, Sask., on the death of their eldest son, George, on January 25th, after an illness of a few days.

Miss Edith A. Money, 1924, has been appointed to the position of office executive of the new Metropolitan General Hospital, Windsor, Ont.

**St. Boniface Hospital:** Miss Ethel Rayne, 1924, who has been doing staff work in the Receiving Hospital, Detroit, Mich., has returned to Winnipeg and is now on duty at the Misericordia Hospital.

Mrs. Racine, 1922, who was operated on recently, is now making progress towards recovery. Mrs. Racine has been on the staff at Glen Lake Sanatorium for the past few years.

Miss Gertrude Billyard has returned from Oakland, California, and is now doing private duty nursing.

**Brandon:** The January meeting of the Brandon Graduate Nurses Association was held at the home of Miss Margaret Gemmell. Mrs. Whetmore gave a most interesting paper on Colonial Architecture. The social meeting for January took the form of a sleigh ride to the home of Mrs. John Gray, a few miles north of the city. The current events for the month were given by Miss R. Dickie, and Miss M. Finlayson gave a humorous reading. A most enjoyable social hour was spent at which refreshments were served by the hostess.

Miss Janet Anderson (Barrie), Miss Ruth Camsfield (Vancouver General Hospital) and Miss Katherine Stewart (Scotland) are taking post graduate work at the Brandon Hospital for Mental Diseases.

Miss Mildred Reid, of the teaching staff of the Winnipeg General Hospital, was a recent week-end visitor at the Brandon Hospital for Mental Diseases.

Miss K. McDiarmid, 1924, has accepted a position on the surgical wards of the B.G.H.

Mrs. S. J. S. Pierce represented the Brandon Graduate Nurses Association at the annual meeting of the Provincial Association held recently in Winnipeg. Miss C. McLeod, superintendent of nurses, B.G.H., also attended the meeting.

Miss A. E. Wells and Miss E. J. Wilson, of the Provincial Board of Health, were visitors in Brandon recently.

### NEW BRUNSWICK

**General Public Hospital, Saint John:** Miss Elsie Shaw has returned to Boston after a short visit at her home here.

Miss Edna Dickson, of the staff of the D.S.C.R. Hospital, is progressing favourably at the General Public Hospital after a recent operation. Miss Cousins, 1925, is also making a good recovery after surgical treatment at the hospital.

Miss Mary Clarke has returned to her home much improved after medical treatment at the St. John County Hospital.

Miss Celia Gleason has been granted three months' leave of absence, and Miss Peters has succeeded her as nurse in charge of the Annex for Contagious Diseases. Miss Martina Wallace, of the staff of the Health Centre, has been granted three months' leave. Miss Margaret Hayes is supplying for her.

The Alumnae of the General Public Hospital held a Bridge on January 30th in the Nurses' Home. Only members were invited and each was asked to bring twenty-five cents and a share of the refreshments, which were served at the close of the evening. Prizes were given and the evening was much enjoyed by all.

Miss Mabel Fillmore has accepted a position with the Saint John Branch of the Victorian Order of Nurses.

### NOVA SCOTIA

Miss Jean MacPherson, a graduate of the Rhode Island Hospital, has been engaged since January 1st as nurse instructor and supervisor in the Yarmouth Hospital.

Miss Maud Adams and Miss Irene Robichaud graduated from the Yarmouth Hospital on January 2nd and 27th, 1928, respectively.

Miss Gertrude Anderson, county health nurse of Yarmouth, has been granted

leave of absence for three months. Miss Lydia Clements, of Anna Jacque Hospital, is acting as substitute for the time being.

Miss Mary Hunter, Yarmouth Hospital, 1927, has accepted a position in the Nova Scotia Sanatorium at Kentville. Miss Dallas, of the same class, is spending the winter at her home in Glasgow, Scotland.

Miss Laurie Purves, Somerville Hospital, Somerville, Mass., of Little Bras d'Or, C.B., has accepted the position of night superintendent at the Dawson Memorial Hospital, Bridgewater, N.S.

Miss Dorothy Bambrick, who has been spending her vacation at Yarmouth, has returned to duty in New York.

Miss E. M. Dares, of Peabody, Mass., spent the month of October at Annapolis Royal, visiting her sister.

Mrs. Thomas, resident nurse at Edgehill, has returned from a vacation spent in New York.

Miss Minnie Blackburn, who has been visiting her parents in Halifax, has returned to duty at Brantford, Ont.

Miss Florence C. O'Brien recently completed a post-graduate course at Sloan Hospital, N.Y., and for the present will remain attached to the staff.

Miss Elizabeth Hall, of Halifax, recently received her diploma from the Columbus Hospital Extension Training School, New York. Miss Ruth Cragg, of Halifax, is also a recent graduate of the same school.

Miss Dorothy Anderson, of the Truro Hospital, is on leave of absence at her home in Mulgrave, owing to the illness of her father.

Miss I. Chisholm, of St. Martha's Hospital, is doing private duty nursing at Mulgrave.

Miss Annie McGunnigle is spending the winter at her home in Upper Musquodoboit.

Miss Margaret Merriam has accepted the position on the staff of the Victorian Order of Nurses left vacant by the resignation of Miss M. R. McLean. Miss Merriam will be in charge of the Yarmouth District, with Miss Kathleen Maloney as her assistant.

### ONTARIO DISTRICT 1

**London:** At the January meeting of the Hospital Trust of Victoria Hospital, the chairman, Col. William Gartshore, announced his intention of adding two wings to the new residence at a cost of \$65,000. This will complete the residence, making a bed capacity of 210. The new wings will have additional sitting rooms and a recreation hall. These additions will make possible the vacating of the old residence, which it is expected will be taken over for hospital purposes.



Col. Gartshore recently made a gift to the same institution of a complete operating suite.

Miss Mildred Chambers, who is leaving Carleton Place to take charge of the London district, V.O.N., was the recipient of a beautiful wrist watch at the annual meeting of the V.O.N. held in Carleton Place recently. Miss Edna Matheson will succeed her at Carleton Place.

**St. Thomas:** The annual meeting of District No. 1, R.N.A.O., was held on January 14th. The morning session was devoted to routine business and election of officers. The papers presented at the afternoon session were at the request of the private duty section and included: Blood Tests (Dr. Harold Buck), Preparation of Diabetic Diets in a Private Home (Miss Helen Field, Dietitian at Memorial Hospital), Tuberculosis and Pneumothorax (Dr. Fallis, Queen Alexandra Sanitarium). Interesting discussion followed all these papers. Miss Hilda Stuart was elected chairman for the coming year and Mrs. Dodds secretary.

#### DISTRICT 4

The second annual meeting of the Registered Nurses Association of Ontario, District No. 4, took place in Hamilton, on January 28th.

Dr. J. Austin Huntley gave the invocation and address of welcome.

Following the chairman's address the reports of Miss Eva Moran, secretary-treasurer; Miss Sabine, convener of the Membership Committee; Miss McIntosh, convener of the Finance Committee, and Miss Sutherland, convener of the Programme Committee, were listened to with interest.

Dr. Walter C. Crewson gave a lecture on the Anatomy and Diseases of the Eye, comparing the eye with a camera, and by the use of blackboard and chart made his lecture very interesting and instructive.

The following officers were appointed for the coming year: Mrs. Barlow (Hamilton), chairman; Miss Anne Wright (St. Catharines), vice-chairman; Miss Moran (Hamilton), secretary-treasurer.

A short skit entitled "The Why and the Wherefore" was presented by eight nurses. Two solos sung by Miss Melody were enjoyed by all. A short time was devoted to the payment of renewal and application fees. At six o'clock supper was served through the kindness of the Ladies' Aid of the James St. Baptist Church. After supper the choir of the W. H. Ballard School sang several selections very pleasingly.

An address on "Nursing in China" was given by Mrs. Ratcliffe, who for seventeen years has been nursing in China, and who for the last five years has been superintendent of nurses at Weihiwei, Honan, China. The speaker gave a most en-

lightening and graphic account of her work, its difficulties and encouragements and emphasized the great need of trained nurses in that vast country.

It was regretted that, because of the discontinuance of the bus service from St. Catharines and Niagara Falls owing to a blizzard, several nurses from that district were unable to attend the meeting.

**St. Catharines:** Miss Esther Hanna (Mack Training School, 1927) has accepted the position of night supervisor of the General Hospital, her duties to commence on March 1st.

**Welland:** The annual dance of the graduate nurses was given at the Merritt Inn on January 27th, and proved to be a very successful event. The hall was tastefully decorated and the music supplied by Colton's Orchestra. The proceeds are to go to furnish a ward in the new wing of the Welland County General Hospital.

#### DISTRICT 5

##### Toronto

**Toronto Western Hospital:** The Alumnae Association held a very delightful dance in the Crystal Ballroom of the King Edward Hotel on January 27th. The guests were received by Mrs. G. Howard Ferguson, wife of the Premier of Ontario; Mrs. W. H. Price, wife of the Attorney-General; Mrs. Galbraith, wife of the superintendent of the hospital; Miss Ellis, superintendent of nurses, and Miss Wiggins, president of the Alumnae Association. The dance was one of the happiest events ever given by the nurses alumnae.

Miss Gwyneth Davis, of the Toronto staff of the Victorian Order of Nurses, has resigned to be married.

**Hospital for Sick Children:** The Alumnae of the hospital held a most successful Theatre Night on January 16th, the play given being "Scaramouche," with Sir John Martin Harvey in the leading role. The Royal Alexandra was packed, and very great credit is due to the untiring work of the president, Mrs. Langford; Miss Gene Clarke, who handled the tickets; Miss Hazel Hughes, convener of the programmes, and the other members of the executive, all of whom gave of their time and energy unstintingly. The result was most successful, between fifteen and sixteen hundred dollars being added to the Alumnae treasury for their year's work. In a very delightful curtain speech at the close of the play, Sir John spoke sympathetically of the worthy cause and of his pleasure in playing to such a splendid first-night audience, which he hinted, was more due, he suspected, to the cause than to the excellence of his players.

The Association is sponsoring a very interesting set of lectures, to be given in

March in the lecture room of the hospital: Deficiency Diseases of Children (Drs. Tisdall and Hart), Heart Diseases (Dr. Dickson), Skin (Dr. B. Hanna), Sero-Therapy (Dr. S. Wishart), Continuous Intravenous (Dr. Harrison). This course is similar to the one given in 1926 and it is expected will be as largely attended.

**Wellesley Hospital:** Miss Helen Caruthers has been appointed Registrar of the Central Registry, Toronto.

Miss Edith Carson and Miss Louise Richards, 1925, are doing private duty nursing in Washington, D.C.

Misses Edna Tucker and Ethelwyn Hutchison, 1925, are doing private duty nursing in New York.

Miss Betty Harrison, 1926, has accepted a position in the Red Cross Hospital, Haileybury, and Miss Constance Cuthbert, 1926, is on the operating room staff of the Christie St. Hospital.

The annual dance of the Alumnae was held in the Crystal Ballroom at the King Edward Hotel. The enjoyable programme was interspersed with Leap Year and other novelty dances.

**Toronto General Hospital:** Miss Georgia Clapperton, 1922, has left the Rockefeller Institute, New York, and is now at the Red Cross Outpost at Kirkland Lake, Ont.

Miss Christine Wallace, 1922, who has been at her home for some time, has returned to Toronto.

The sympathy of the Alumnae is extended to Miss Clara Vale, 1923, in the loss of her father.

Miss Amy White, 1925, has resigned from the staff of the Toronto General Hospital. Her successor is Miss Myrta McKenzie, 1927.

Miss Ada Flaxman, 1927, has accepted a position on the staff of the Peterboro General Hospital.

#### DISTRICT 6

**Belleville General Hospital:** Miss Elmeta Hull, 1924, has accepted the position of night supervisor in Galt Hospital; Miss Bessie Allan, 1922, has returned from Chicago and will do private duty nursing in Belleville; Misses Mae Habs and Ruby Windsor, 1925, have accepted positions in Mount Sinai Hospital, Cleveland, and Miss Flossie Hannah, 1923, is on the local V.O.N. staff.

#### DISTRICT 8

Miss Dorothy Cotton, who was employed temporarily with the Central Office of the Victorian Order of Nurses, Ottawa, has returned to Montreal.

Miss Rita Sutcliffe has accepted the position of assistant superintendent of the Ottawa Branch, V.O.N., succeeding Miss Ethel Graham, who resigned to engage in the work of the Grenfell Mission.

Miss Edna Matheson, formerly of the Ottawa staff, V.O.N., leaves shortly to take charge of the Carleton Place District.

#### DISTRICT 9

The annual meeting of District 9 was held in the Business Women's Club rooms of North Bay on January 31. This widespread district has three sections, centred about Sault Ste. Marie, Sudbury and North Bay. Representatives attended from the three sections and re-elected their president, Miss Rogers, and the other officers. The North Bay section will meet the first Tuesday of every month.

Speakers from the R.N.A.O. membership were Miss Emory, the president of the R.N.A.O., and Miss Roper, one of the public health nurses in the North Bay district. Judge Hart, of Toronto, gave an address on Sociology. The sessions were held in the afternoon and evening. The out-of-town guests were entertained at luncheon and the tea hour.

**Sault Ste. Marie:** At a well attended meeting of the Nurses' Alumnae of the General Hospital, held in the living room of the Nurses' Home on January 19th, a summary of the year's work was given by Miss L. Goatbe, the president. The treasurer reported a balance of \$15. The night of the meeting was changed to the first Monday of each month, to be held at the homes of the various members. Tea was served by several members of this year's graduating class.

#### DISTRICT 10

The November meeting was held in St. Joseph's Hospital, Port Arthur. The very interesting address given by Father Monahan was followed by a musical programme.

On November 26th last a rummage sale was held in Fort William, the proceeds amounting to \$18.

The December meeting was held at McKellar Hospital, Fort William. Mr. E. E. Wood, principal of the Collegiate Institute, addressed the nurses on Astrology as taught in Ancient Times and its Influence on Present Day Astronomy. Following his address the election of officers took place.

On December 18th a bazaar was held in Fort William, receipts amounting to \$370.92. This was the first bazaar given by the nurses in this district and all were naturally proud of the great success of the undertaking. Those in charge were Miss Jane Hogarth (president); tea tables were in charge of Mrs. Jack McClure and Mrs. H. W. McClure and Mrs. H. W. Foxton, and the many other departments were all under most capable direction. The treasurer's report of December 31st, 1927, showed a balance amounting to \$441.23.

The January meeting was held in Port Arthur General Hospital. At this meeting it was decided to entertain the graduating class of each hospital at a dinner, hoping



in this way to interest the new graduates in the Association.

The February meeting was held in McKellar Hospital Nurses' Home. Dr. B. C. Hardiman addressed the nurses on Cancer and its Problems.

Misses Doris Dow and Hilda Alkenbrack are taking a post graduate course at the Manhattan Eye, Ear, Nose and Throat Hospital, New York.

Miss Izetta Barnabe is night supervisor at Kitchener, Ont.

Misses Mary Walker and Myrtle Brown are nursing in Toronto.

On February 1st Miss P. L. Morrison left for England on a three months' leave of absence.

Miss Mabel Stowe is matron of the hospital at Kerrobert, Sask.

(Editor's Note: Report of annual meeting of District 8 was received too late for publication in this issue.)

### QUEBEC MONTREAL

Miss E. T. Trench, who for the last eighteen years has held the position of Lady Superintendent of the Woman's Hospital, Montreal (now the Woman's General Hospital, Westmount, P.Q.), has resigned and will take a much-needed rest before taking up other duties.

**Royal Victoria Hospital:** Miss Muriel Bate, 1921, who nursed in the American Hospital in Paris (France) last year, spent Christmas at her home—Newcastle, N.B.

Miss Barbara Wilson, 1926, London, Ont., is visiting Mrs. W. E. Talbot (G. I. Smith, 1925) in India.

Miss B. Davidson, 1926, is doing private nursing at Long Beach, California.

Miss Helen Rice, 1917, has resumed her duties at superintendent of nurses at Lamont Hospital, Lamont, Alta., after an absence of several months.

The February meeting of the Alumnae was addressed by Mrs. Waagen, chief executive of Red Cross work in Alberta. After speaking of the work of the Red Cross in general Mrs. Waagen gave a most interesting account of the work done in Canada: the organizing of the Junior Red Cross, the meeting and care of immigrant families, and of the wonderful work done in Outpost Hospitals in the North-West, in one of which Miss Janet Pringle, 1923, is one of the staff.

Miss M. F. Hersey recently spent a very interesting week in New York attending a conference held at Teachers' College, Columbia University. While there she met many Royal Victoria graduates, some engaged in institutional work, others doing private duty nursing.

**Children's Memorial Hospital:** Miss F. B. Laite, 1924, who has been supervisor

of the Outpatient Department for the past three years, is this year taking the course in Public Health at McGill University, Montreal.

Misses I. B. Stewart and K. Nuttall, 1927, have recently accepted positions on the staff of the Woman's Hospital, Montreal: the former being supervisor of the Medical and Surgical Wards, and the latter in charge of the maternity division.

Miss Jean C. Bancroft, 1927, has left for an extended visit with friends in the south.

Miss E. M. Thompson, 1927, has accepted the position of assistant night supervisor at the General Hospital, Bay City, Mich.

Miss Louise Harding, 1927, has succeeded Miss F. B. Laite as supervisor of the Outpatient Department, and Miss Alice M. Thompson, 1926, has accepted the position of night supervisor.

Miss Annie Hanson, 1926, has resumed her duties at The Royal Victoria Maternity Hospital, after having spent a very enjoyable holiday in England.

**The Western Hospital:** In January Miss Elsie Brain and Miss Grace Munroe left for Bermuda, where they have been engaged in private duty nursing for the winter.

Miss Amy McQuat has succeeded Miss Elsie Brain as charge nurse on Ward B, Western Division, Montreal General Hospital.

Miss Violet Cross has resigned her position on the staff of the operating room to take a similar position at the Medical Arts Hospital. Miss Florence Whimby has succeeded Miss Cross.

Miss Marguerite Johnston has returned from New York after having spent two years there engaged in private duty nursing and is now nursing in Montreal.

Miss Edna Corbett is residing indefinitely with relatives in Toronto.

Miss Elizabeth Wright is convalescing, following her recent illness.

Miss Lottie Figsbee, of the staff of the Rosemount Branch of the V.O.N., is now improving from the effects of a nasty motor accident.

The marriage of Miss Alexandra Bouresk to Mr. Ross Stewart took place on January 14th. After a trip to Vancouver Mr. and Mrs. Stewart will reside at Richmond Ave., Montreal.

The deepest sympathy of the Alumnae Association is extended to Miss Jane Craig in the loss of her mother, and to Miss Bertha Birch in the loss of her sister.

**Jeffery Hale's Hospital, Quebec:** The following nurses attended the annual meeting of the A.R.N.P.Q.: Misses H. A. Mackay, E. Ponting, L. A. Savard, M. E. Savard and F. O'Connell.

The members of the Alumnae Association offer their deep sympathy to Miss G. Mayhew in the sudden death of her father.

At the February meeting Dr. Hastings addressed the Alumnae on The Life of Florence Nightingale and Her Nursing Career.

**Sherbrooke:** The annual meeting of the Graduate Nurses Association of the Eastern Townships was held on January 28th at Mrs. George MacKinnon's, with a large attendance. Officers for 1928 were elected and other business transacted.

## C.A.M.N.S. Notes

### WINNIPEG

Mrs. Wm. Cowan entertained at the tea hour recently in honour of Mrs. G. F. McDonell (nee Marj. May), of Regina, who is renewing old acquaintances in the city.

Miss Pearl Paul, a member of the club, is leaving shortly for Rochester, Minn., where she will continue her professional duties. Club members wish her every success in her new work.

Miss M. A. Simpson, who has been doing special nursing in the city for some time has accepted a position on the T.B. Nursing Staff of Winnipeg.

Miss Agnes Luke, a member of the City Nursing Staff, was married recently to Mr. G. Smith. They will reside in the city

Mrs. W. F. Morrison (nee Clara Hood) was called to Edmonton a few weeks ago owing to the sudden death of her brother, Mr. Wm. Hood, of that city. The members of the club extend sincere sympathy to Mrs. Morrison and her mother in their bereavement.

### VANCOUVER

The fourth annual meeting of the Military Nursing Sisters Club was held in the Board Room of the Woman's Building, Vancouver, with a large attendance. The meeting was called to order by the president, Miss Cameron, and after routine business election of officers took place, with the following results: President, Miss B. McNair, Shaughnessy Hospital; vice-president, Miss Swan; secretary-treasurer, Miss Margetson. A very pleasing speech was made by the retiring president, who reviewed the work of the year and spoke of the good fellowship and co-operation that had existed at all times among the members of the different committees. The treasurer's report showed the club in good financial condition. After the business was completed refreshments were served and a pleasant social hour enjoyed. It was noted with pleasure that the beautiful picture of the Nurses' Memorial at Ottawa, which was presented by the club to the Woman's Building, hung between Lord and Lady Willingdon, over the mantel of the main room.

## BIRTHS, MARRIAGES AND DEATHS

### BIRTHS

**CAIRNES**—Recently, to Mr. and Mrs. Gordon Cairnes (Annie Smith, St. Boniface Hospital, 1927), a daughter.

**CANNING**—On February 2nd, 1928, at Oshawa, to Mr. and Mrs. Morley Canning (Isabel Walker, Oshawa General Hospital, 1916), a son.

**COLE**—On October 13th, 1927, at Los Angeles, California, to Dr. and Mrs. L. R. Cole (Isabel Peebles, McKellar Hospital, Fort William, 1915), twin sons.

**CRANE**—Recently, to Dr. and Mrs. Crane (Isabella O'Reilly, St. Boniface Hospital, 1926), a daughter.

**FOWLER**—On January 22nd, 1928, to Mr. and Mrs. C. H. Fowler (Nita Caulter, Wellesley Hospital, Toronto, 1922), a daughter.

**IRVEN**—On January 8th, 1928, to Mr. and Mrs. Grandy Irvén (Kathleen Bruce, Yarmouth Hospital, 1925), of Hawaii, a son.

**McGARRY**—On January 13th, 1928, in Toronto, to Dr. and Mrs. James McGarry (Marion Scott, Toronto General Hospital, 1924), a son.

**MILES**—On January 8th, 1928, to Mr. and Mrs. W. Miles (Olive Scaplin, St. Joseph's Hospital, Victoria, 1920), a daughter.

**MURRAY**—On February 5th, 1928, at Toronto, to Mr. and Mrs. C. Murray, a daughter.

**O'GRADY**—On December 31st, 1927, to Mr. and Mrs. Walter de Courcy O'Grady (Catherine Davis, Wellesley Hospital, Toronto, 1926), a son.

**RAY**—On January 5th, 1928, at Victoria, to Mr. and Mrs. H. Ray (Amelia Dunn, St. Joseph's Hospital, Victoria, 1922), a daughter.

**SMITH**—On February 5th, 1928, at St. John, N.B., to Mr. and Mrs. Eugene Smith (Gladys Rockwell, Massachusetts General Hospital, 1918), of Irishtown, N.S., a son (Eugene Philip).

**STACEY**—On February 4th, 1928, at Vancouver, B.C., to Mr. and Mrs. L. B. Stacey (Constance H. Cook, Vancouver General Hospital, 1924), a son.

**THORNTON**—On February 8th, 1928, at Vancouver, B.C., to Dr. and Mrs. Thornton (Flora Mellish, Vancouver General Hospital, 1925), a son.



WALTERS—On January 25th, 1928, in Toronto, to Dr. and Mrs. Ross Walters (Aileen Lacey, Toronto General Hospital, 1925), a daughter.

WOODCOCK—Recently, at Toronto, to Mr. and Mrs. Arthur Woodcock (Vesta Wyatt, Hospital for Sick Children, Toronto, 1918), a daughter.

### MARRIAGES

COCHEVOUR — GREEN — On January 28th, 1928, Margaret Green (Toronto General Hospital, 1910), to William Mellis Cochevour. At home—Windsor Arms, Toronto.

DOLAN—BARTON — On January 14th, 1928, Annie Lawson Barton (Wellesley Hospital, Toronto, 1921), to James Jay Dolan.

ECKFORD—HUNTER—Recently, at Oil Springs, Ont., Laura K. Hunter (Toronto General Hospital, 1922), to Douglas Eckford.

GODARD—AMERY—Recently, at Regina, Rae Amery (Toronto General Hospital, 1922), to Robert Godard. At home—Imperial, Sask.

KELLER — MATCHETT — On December 23rd, 1927, in New York City, Marjorie G. Matchett (General Public Hospital, Saint John, 1920), to Russell Keller, of New York.

LEWIS—REID—On January 11th, 1928, at Victoria, Elizabeth G. Reid (St. Joseph's Hospital, Victoria, 1924), to Cecil Lewis. At home—Victoria.

LINDSAY — LEONARD — On November 30th, 1927, Winnifred Leonard (Medicine Hat General Hospital, 1921), to Robert Lindsay.

LOUDON — BYRD — On December 27th, 1927, at Victoria, B.C., Maude Byrd (St. Joseph's Hospital, Victoria, 1921), matron of Chemainus Hospital for several years, to John Loudon. At home—Victoria.

McWILLIAMS — JONES — On December 27th, 1927, at Vancouver, Dorothy Jones (St. Joseph's Hospital, Victoria, 1927), to R. McWilliams. At home—Vancouver.

MICHIE — REID — On December 26th, 1927, at Outlook, Sask., Joy Reid (Medicine Hat General Hospital, 1919), to William Michie.

MORRELL — KEMPFFER — On January 24th, 1928, at Sherbrooke, P.Q., M. Kempffer (Jeffery Hale's Hospital, 1925), to Dr. Morrell, of Regina, Sask.

O'FLYNN — COX — Recently, at Pickering Ont., Mabel Cox (Belleville General Hospital, 1926), to John O'Flynn, of Belleville.

PEACOCK—IRWIN—On September 12th, 1927, at Oshawa, Daisy Irwin (Oshawa General Hospital, 1925), to Charles Peacock, of Oshawa, Ont.

REDPATH—JIBB—On October 22nd, 1927, at Cold Springs, Ont., Huldah M. Jibb (Oshawa General Hospital, 1925) to Douglas Redpath, of Oshawa, Ont.

REID—HARVEY—On December 6th, 1927, at Bowmanville, Ont., Laura Harvey (Belleville General Hospital, 1922), to Ervin Reid.

REID—SPARKS—On December 24th, 1927, at Saskatoon, Elsie Elizabeth Reid (Toronto General Hospital, 1925), to Ralph E. Sparks.

ROBINSON—HIGINBOTHAM—On February 1st, 1928, at Toronto, Mary Higinbotham (Toronto General Hospital, 1927), to Dr. R. Robinson.

WALTERS—COLLINS—On February 6th, 1928, in Seattle, Wash., Mae Collins (St. Joseph's Hospital, Victoria, 1923), to Earl Waters. At home—Spokane, Wash.

WELDON—ERSKINE—On January 26th, 1928, in Montreal, Jean MacLean Erskine (Royal Victoria Hospital, Montreal, 1928), to Leslie Smiley Weldon, of Montreal.

WILLET—MILLARD—On February 4th, 1928, at Brandon, Man., Vera Iva Millard (Brandon General Hospital, 1926), to Norman Enos Willett. At home—Melita.

WILLSHIRE—STILLMAN—On December 15th, 1927, in Toronto, I. Bernice Stillman (Women's College Hospital, Toronto, 1924), to John Willshire, of Toronto.

WILSON—GWYN—On June 4th, 1927, at Saskatoon, Hannah Margaret Gwyn to Arthur L. Wilson, of Big Valley, Sask.

### DEATHS

CASEY—On January 25th, 1928, at North Bay, Ont., infant daughter of Mr. and Mrs. Casey (Ward, Q.M.O. Hospital, North Bay).

COLE—On October 13th, 1927, at Los Angeles, California, Mrs. L. R. Cole (Isabel Peebles, McKellar Hospital, Fort William, Ont., 1915).

HAYDEN—On January 11th, 1928, at Montreal, the infant daughter of Mr. and Mrs. F. B. Hayden (Ruth Hooper, Royal Victoria Hospital, Montreal, 1923).

SMITH—On January 27th, 1928, at Harvey Station, N.B., Emma J. Smith (Royal Victoria Hospital, Montreal, 1905).

## ANNUAL MEETING

### REGISTERED NURSES ASSOCIATION OF ONTARIO

APRIL 19, 20 and 21, 1928

CHATHAM - - - - - ONTARIO

## AN APPEAL TO NURSING SISTERS

The Nursing Sisters' Club of Vancouver wish to announce that under the leadership of Lt.-Col. G. O. Fallis, B.D., C.B.E., the club has decided to participate in the erection of Canadian Memorial Chapel, which is being built in Vancouver, by contributing a memorial window.

The idea of Canadian Memorial Chapel was born overseas on the battlefields of France. This chapel is in memory of those who died, and is to be used solely for the worship of God.

All the windows in the chapel are being donated, each province and Yukon Territory will be represented. In the vestibule there is space for a double window. It is proposed that this window have one panel representing a soldier in full kit, and the other a nursing sister in service uniform. At first the members of the Vancouver club decided to accept the privilege of raising funds for the second panel, the cost of which will amount to about \$400. After some discussion, however, a broader spirit was shown and it was decided that other Nursing Sisters' Clubs and individual nursing sisters should be given an opportunity to take part in the erection of this memorial window. Descriptive circulars are being mailed to Nursing Sisters' Clubs throughout the Dominion. Contributions should be sent to Miss Margetson, Shaughnessy Hospital, Vancouver, B.C.

## PUBLIC HEALTH NURSING DEPARTMENT IN "THE PUBLIC HEALTH JOURNAL"

Recent changes in "The Public Health Journal" published at 40 Elm Street, Toronto, include a page devoted to public health nursing. Miss Florence Emory, formerly chairman of the Public Health Nursing Section of the Canadian Nurses Association, will be responsible for the material published on this page. Miss Emory has associated with her in this editorial work, Miss R. M. Simpson, Director of School Hygiene, Saskatchewan.

"The Public Health Journal" has always been a thoroughly informative and interesting publication, and under the management of the greatly enlarged editorial board, it holds promise of being greatly improved.

## WANTED

The Kentucky Committee for Mothers and Babies has positions for Public Health Nurses who hold the certificate in midwifery of the English, Scotch or Irish Central Midwives Board. For particulars address The Director, Mrs. Mary Breckinridge, Wendover, Leslie County, Ky., U.S.A.

## THE CANADIAN NURSE

The official organ of the Canadian Nurses Association, owners, editors and managers. Published monthly at the National Office, Canadian Nurses Association, 511 Boyd Building, Winnipeg, Man.

Editor and Business Manager: JEAN S. WILSON, Reg.N.

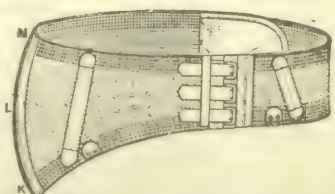
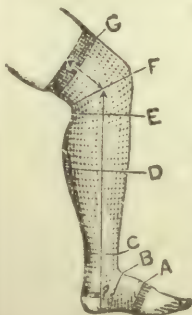
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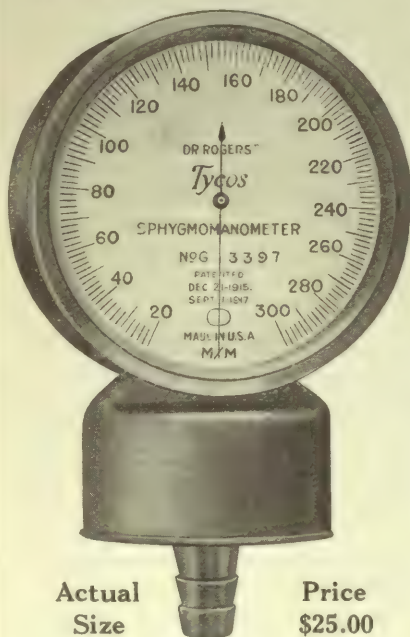
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Names of Candidates must be in the office of the Registrar not later than March 26th, 1928.

Full particulars may be obtained from:

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125 Vancouver Block

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# The Canadian Nurse

A Monthly Journal for the Nurses of Canada

Published by the Canadian Nurses Association

Vol. XXIV.

WINNIPEG, MAN., APRIL, 1928

No. 4

Registered at Ottawa, Canada, as second-class matter

Entered as second-class matter March 19th, 1905, at the Post Office, Buffalo, N.Y., under the Act of Congress, March 3rd, 1897

Editor and Business Manager:—

JEAN S. WILSON, Reg. N., 511 Boyd Building, Winnipeg, Man.

APRIL, 1928

## CONTENTS

	PAGE
TREATMENT OF CRIPPLES, THE - - - - - <i>Janet Wolfe</i>	171
EDITORIALS - - - - -	174
ADEQUATE HOUSING OF NURSING STAFF - - - <i>Frances E. Welsh</i>	176
AS AN EX-GOVERNOR SEES IT - - - - -	178
CANADA'S MATERNAL MORTALITY - - - - -	180
VIGNETTES FROM THE HISTORY OF NURSING: NOS. XIII, XIV, XV - - -	182
REGISTERED NURSES ASSOCIATION OF NOVA SCOTIA <i>Catherine M. Graham</i>	186
DEPARTMENT OF NURSING EDUCATION:	
ADVANTAGES AND DISADVANTAGES OF STANDARDIZING TECHNIQUE - - - - - <i>S. Lillian Clayton</i>	191
DEPARTMENT OF PRIVATE DUTY NURSING:	
PROBLEMS OF THE PRIVATE DUTY NURSE - - <i>Agnes Jamieson</i>	196
DEPARTMENT OF PUBLIC HEALTH NURSING:	
THE NECESSITY OF PRE-NATAL WORK - - - <i>Margaret Duffield</i>	199
TRAVELLING FELLOWSHIP, A - - - - - <i>Ella J. Jamieson</i>	200
BOOK REVIEWS - - - - -	202
NEWS NOTES - - - - -	203
OFFICIAL DIRECTORY - - - - -	213

# The Treatment of Cripples

## Patience vs. Patients

By JANET WOLFE, Muscle Trainer, Dalhousie Public Health Clinic, Halifax, N.S.

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[Note—As part of the Orthopaedic Department of the Dalhousie University Public Health Clinic, a clinic for the treatment of cripples and for general posture work, is held three times a week. The Halifax Rotary Club is very much interested in this clinic and has given material assistance. Several trained technicians do volunteer work in muscle training, massage, baking, remedial gymnastics, and conduct a posture class. The accompanying article explains the branch of the work that deals with the treatment of cripples. A companion article will be published later on Posture.]

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Whether or not patience is a virtue, it is a most essential qualification in one who undertakes the treatment of cripples. No longer need the majority of cripples seek to hide from the pitying and thoughtless remarks of those more fortunate. The modern science of physiotherapy has so changed conditions that many a one who has been born a cripple, or becomes crippled through disease or accident, can be cared for in such a manner as to either partially or wholly do away with the disability.

Physiotherapy includes massage, radiant heat or baking, electrotherapy, hydro-therapy, muscle re-education or training, and remedial gymnastics. It seems hardly necessary to mention the beneficial results of massage. Radiant heat is an almost inseparable companion of massage, especially in cold and wet weather. The baking of a portion of the body for 20 or 30 minutes, thus permitting the heat to penetrate deeply into the tissues of the body and promote better circulation there, greatly increases the value of the massage given immediately after. The heat also relieves any soreness that may exist in the tissues, and with the massage has a most soothing effect on the patient.

Massage, heat, electro- and hydro-therapy are what are termed passive treatments. That is, the patient is worked upon and does not have to make any voluntary movements. Muscle training and remedial gymnastics are active treatments. The patient is required to perform or try to perform some movement. Muscle training is concerned with the action of the individual muscles, while remedial gymnastics are concerned with the grosser movements of the whole body.

The cases that come up for muscle training are those persons suffering from the effects of infantile paralysis, obstetrical paralysis, spastic paralysis, cerebral paralysis, ataxias, and any injury causing an inability to use the muscles in the correct way. Muscle training is most essential after an operation for muscle transplantation. In this case a muscle must be taught to put aside its own function and take up the function of the muscle that is beyond repair. In such cases perfect results have been secured.

It is needless to stress that a very thorough knowledge of anatomy and especially of the muscle and nerves is necessary. The origin, insertion, action, and nerve supply of all the muscles must be known very inti-



mately. Not only the individual action must be studied but also the group action; that is, what muscles are used when certain co-ordinate movements are performed. The principles of mechanics, as in the laws of levers, must be understood, as every muscle is a lever of some order. Psychology plays a strong part also in muscle training, as one must be ever on the alert for any change in the mental attitude of the patient towards the treatment and the ultimate result.

No one should ever attempt giving treatment to cripples without first obtaining a doctor's diagnosis, and in many cases that of an orthopaedic surgeon. One might quite easily come up against a tubercular condition and do extensive damage by **exercise** when **rest** should be the treatment.

The patient must always be placed in the most comfortable position when ready to start treatment, and the trainer must so stand that she can work freely. A most important factor now to be considered is the force of gravity. In ordinary life that is not thought of, but in muscle training it must never be forgotten. In treating a paralysed limb the body must be so placed that gravity will either assist in the action of the muscles or will be eliminated entirely. To expect paralysed muscles to work against gravity is to expect a 100 per cent. cure at the very first treatment. In fact, not only is gravity eliminated at first, but all friction is done away with. It is not considered that there is much friction when rubbing the hand over the surface of a table or a piece of paper, but watch a paralysed hand try to do the same! To lend assistance to the hand, sprinkle some powder on the table or the paper, and if there is the merest flicker of a movement, it will show then. A sheet of powdered cardboard is as near being frictionless as anything.

It does seem absurd when the doctor has made his examination and reported that there is no power in certain muscles for some one to turn right around and ask the patient to try to move that limb! Of course the request is met by refusal and usually a very scornful one. This is one place where mental influence must be used, not only over the patient but also over his family. As a general rule, the members of the family have a firm belief in the fact that because the child is a cripple and has been one for many years, he always will be one. By explaining matters very simply and by trying to make some analogy between the treatment and the mother's home duties or the father's work, a half-hearted interest is aroused. Results are assured if the proper co-operation is given, thus putting the responsibility for a cure on the patient and parents. This usually brings the response desired.

In cases where there is complete paralysis of long standing, it may be months sometimes before a flicker is gained in any muscles; but once that flicker comes to stay and can be seen by all, the patient is as interested as any one would wish. There is no doubt about the long time necessary for such treatment. These muscles tire very quickly, and often only two or three movements can be made before calling for a rest. In all cases the limb is carefully supported and guided in the right direction, otherwise it would simply fall into the easiest position. It is true that at first the movements are practically passive, but the active part comes while the patient concentrates on trying to move the limb with the assistance of the trainer. To see a muscle contract after months and often years of inactivity never fails to thrill the trainer, who often seems to feel the contraction before it can be seen. After it can be seen a considerable time may

clapse before the contraction is strong enough to affect the joint.

If spastic paralysis is being treated relaxation must be taught, as this is a condition due to the hyper-tonicity of the muscles. The spastic muscles must be taught to relax before their antagonists can be taught to contract.

One example of a case of obstetrical paralysis might be of interest to the readers. Ernest, eight years old, has obstetrical paralysis involving his right arm, the shoulder being most seriously affected. On entering the clinic he was unable to raise his hand to his mouth but after two weeks' treatment he gleefully announced that he had that day used his hand to carry food to his mouth, and in another week he was able to place his hand on the top of his head. Since then there has been a slow but steady improvement. This has been a clear case of muscle training with massage once a week for the shoulder and arm. No operation has been necessary.

There seems to be a general horror at the sight of braces on cripples; but the fact that such appliances are available is a matter for thankfulness. By means of these the limbs are prevented from going into deformity and the strength gained from treatment is carefully preserved: the strong muscles being unable to overstretch the weak. It has been carefully observed during the past year that when both legs are paralyzed and the brace is put on the weaker leg, that leg in a reasonable time becomes the stronger.

Every means possible is used to encourage the patient to make a supreme effort toward recovery. No improvement is so slight that it is ignored; every little sign is brought to the attention of the patient. All appliances are fitted with dials which register the degree of movement attained every time the muscles contract. By this means the patient

is enabled to watch his own progress and sees the value of extra effort. Of course individual muscle movements are not the only concern. Many incorrect habits are learned by a cripple; which is easily understood. Many are the attempts to utilize other muscles in place of the paralyzed ones, and in such efforts the body is distorted, and awkward, unsightly movements are the result.

While muscle training is not impossible without each one of the appliances at the disposal of this clinic, they are undoubtedly of very great assistance. It is much easier to try to bend the ankle, knee, and hip when walking if, by so doing, the toe is protected from being stubbed against the rung of a ladder. When walking over the level floor there are no obstacles to be stepped over and so the effort of flexing the joints is not made. A muscle will work better if it has actual work to do and by means of the appliances work is given in proportion to the strength available and so measured that there can be no doubt about it.

It is urged that a sharp watch be kept for any cripples in the various communities, bearing in mind that children are often dressed so as to hide their deformities as much as possible. Nurses can do much to help these children if it is only by getting in touch with a larger centre where treatment is available. At the orthopaedic clinic, which is held in the Dalhousie Public Health Centre, Halifax, Nova Scotia, the registration shows children from all parts of the province, from Prince Edward Island, and from Newfoundland. It serves also as an out-patient department for the Children's Hospital. That the technicians never lack for work is shown by the fact that since the clinic opened on March twenty-ninth, 1926, to October thirty-first, 1927, two thousand and forty-one treatments have been given. The clinic is open on three afternoons a week.



## Editorials

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### *Maternal Mortality*

Current and past reports on the general death-rate have been so encouraging that learning Canada's maternal death-rate is 6.4 per 1,000 births comes as a shock to the vast majority of our readers. The Federal Department of Health's recently published Report on Maternal Mortality in Canada shows that deaths of mothers due to child-birth average four for every day in the year.

The subject of improved means for pre-natal and nursing care for the mothers of our Dominion has ever been before the Canadian Nurses Association.

Over ten years ago the Association decided that the provincial associations should be asked to appoint strong committees to interview their respective governments, stating that the Association considered fully qualified nurses only would prove adequate to meet the needs of the people in the sparsely settled districts of the Dominion. Also, that the nurses of Canada were willing to supply nurses if the government would (a) provide hospitals where required, and (b) would assure a living wage for the nurses.

Later, the Association endorsed a number of resolutions on Maternal Care, drafted by the Executive Committee of the Association as a policy for the president while acting on the Committee on Maternal Care of the National Council of Women. The Council was requested to grant the Canadian Nurses Association the privilege of a representative on the Council's special committee on maternal care. This request was

granted and latterly the Association has been represented by two members. The representatives of the Association on this special committee have attended all meetings of the committee.

*The Canadian Nurse* has always stressed the subject of maternal care. In recent years numerous articles have been published, written by well-known members of the nursing profession in Canada.

However, the recently published Report shows that the interest of every thinking Canadian needs to be directed towards this subject.

All nurses realize that to reap benefits of health teaching it is necessary to sow the seed in the minds of the children. It cannot be regarded as too early to teach the need of care of the prospective mother to the 'teen age girls in Little Mothers' Classes. Then, further, stress the subject in the Home Nursing Classes for the young and older women.

Let us then as nurses, members of one of the best organized bodies of professional women in Canada, direct individual and concerted efforts to further the teaching of health to the children in the schools, to the young girls in Little Mothers' Classes, to the women in Home Nursing Classes. To see that more and better pre-natal clinics are established, and, more than all, never miss an opportunity to tactfully place before the prospective fathers and mothers the suggestion that the time to prepare for the dangers of child-birth is in the very beginning of pregnancy.

## *Biennial Meeting, 1928*

The fourteenth general meeting of the Canadian Nurses Association is of special interest for several reasons. It will be twenty years in October, 1928, since the organization meeting was held. The Association is now leaving its 'teen age and entering into a more mature period. In retrospect one sees growth and development: continuous expansion to meet the advances in teaching methods, medical science, and public health.

The biennial meeting of 1928 brings the nurses of Canada together for the first time since plans were discussed and a joint committee representing the Canadian Medical Association, the Canadian Nurses Association and Canadian Hospitals Associations was formed to prepare

an outline for a survey on nursing in Canada.

Federated associations should be well represented in order that all may learn of what will be required from each in the preparations for the International Congress of 1929.

A large number of special committees have been studying various questions during the past two years. These committees will have interesting reports to make at the Biennial Meeting.

Altogether each federated association should send one or more representatives to the 1928 meeting of the Canadian Nurses Association in order that every association may be informed of work done and plans for the future.

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## *The Value of the Short Course for Public Health Nurses*

The short course of lectures is of immeasurable value. To the rural public health nurse because of the fact that her only communication with headquarters is for the most part by correspondence and, in case of emergency, by telephone. There she has the opportunity to bring up in detail the problems of her district, and she finds that somehow when they are compared with the problems of the other nurses they do not seem nearly so serious and insurmountable. The frank discussion of general and local problems, and the help and encouragement obtained from those who have met and conquered similar difficulties, is both educational and a source of

inspiration for better work in the future.

To the nurse stationed near headquarters, the course is of no less value, for the object is also to bring the nurse's knowledge of preventive medicine, treatment of disease, and nursing methods up to date. This is done by means of lectures and demonstrations by specialists in the various branches of medicine.

The short course is also of distinct value to the group, for at such gatherings the staff have an opportunity of meeting and knowing each other and an esprit de corps is generated that is so essential in such a group in maintaining a high standard of co-operative effort.



## *Adequate Housing of the Nursing Staff*

By FRANCES E. WELSH, Royal Alexandra Hospital, Edmonton, Alberta

To the general public this question may present few, if any, serious difficulties; but to those in closer touch with hospital problems it offers a wide field for thought and improvement.

In all branches of business it is a recognized fact that the general welfare of the worker influences in a very marked degree the quality and amount of work accomplished; so there are regulations governing the standard requirements in ventilation and air space. Yet in how many instances, because of lack of interest, or thought, or finances, hospital boards are willing to allow over crowding and injury to health by poor housing conditions for their workers.

It is a grave mistake for any hospital to presume that it is economy to curtail in numbers, or accommodation, or indeed in anything that may interfere with the health or welfare of its nursing body; but sometimes this is done.

Efficiency is the key-note of the standard hospital of today. This point can only be reached by demanding a uniform efficiency throughout the many departments. The highest type of nursing efficiency can not be obtained under conditions of inferior housing.

In planning the ideal home there are many essential conditions to be considered and provided for. It is not simply a question of building a dormitory or hostel, but of providing a home for distinct groups of people:

1st—The superintendent of nurses.

2nd—The graduate staff.

3rd—The student body.

4th—The maid service.

Each group having its own peculiar needs and entitled to individual consideration.

From an economic point of view it would be well to provide for ample capacity to house the entire staff under one roof. To have central heating and lighting systems; a central kitchen and laundry, each equipped with modern labour and time saving devices.

For theoretical purposes the need is room for demonstration and class work: lecture hall, library and reading rooms, and an office for the instructor.

For relaxation, rest and social facilities, reception and living rooms are required with provision for serving the occasional lunch so dear to the nurse's heart.

For conditions of health the separate sleeping room should be strongly advocated. It supplies the need for quiet rest and study, it lessens the spread of infection in cases of illness, and is quite an economic factor in the care of a nurse's wardrobe.

Sufficient bathing accommodation should be provided. One bath tub can only supply a 20 minute service to nine nurses in the three hours between seven o'clock and bed time. Running water in each room is very desirable.

A quiet section for the night nurse is a very essential provision.

While the outlay may at first sight appear extravagant, statistics have proved that the extra expense incurred by providing for separate

sleeping rooms, sufficient bathing facilities, study and rest rooms, and time for recreation, has shown much less time lost through sickness. Thoughtlessness and diversity of opinion as to real needs and necessities is perhaps largely to blame for inadequate accommodation and equipment.

Evidently the public are not very well informed as to requirements in this housing problem. During the recent local campaign for a children's hospital some one had the brilliant idea of using the nurses' dining room for a children's ward, making no further suggestion as to how or where meals would be served to the nursing staff. Meals and a place to serve them really are necessities!

Crowded sleeping rooms mean insufficient ventilation with loss of proper rest.

An inferior or unbalanced diet means poorly nourished nurses and a lowered resistance to the infections daily met with.

The result is a higher percentage of sickness among student nurses with its consequent loss of time and service to the hospital, and an increased loss per capita to the nursing service.

Nursing conditions of today are not the conditions of early training school history.

The day of candles, straw mattresses, crowded dormitories, and long unbroken hours on duty has passed. We are living in an age of new ideas and keen competition.

The alert young candidate of this modern period picks her school and chooses from among those offering the best advantages in home and hospital life; and this may not be the largest or most imposing institution.

The average hospital may qualify in this competition if adequate and cheery provision has been made for living conditions.

Few hospitals will lack for applicants to their nursing staff if an appreciative, homely atmosphere prevails throughout the housing accommodation.

In this housing problem it is hard to draw a definite line and say just where responsibility ceases.

Should provision be made for more than simply material comforts? How much should be supplied of music, art, current literature? All these aid in the broadening of character and in developing a wholesome outlook on life and its problems.

Is it the responsibility of the hospital to provide means for relaxation and amusements for the hours off duty; for helping to keep intact church associations; for the moulding of the life that for three years might be likened to "The stranger within our gates?"

Tennis courts, gymnasiums, skating rinks, swimming pools—do these belong to adequate housing?

Other educational institutions provide such recreations for their students. Why then should the nurses be excepted? Is their work in dealing with life and death of less importance, or are they in less need of mental relaxation?

Before concluding may I again speak of the great need of facilities for quiet rest. The nurse lives all day in an atmosphere of stress and hurry. She should go home to quiet restful surroundings: her own individual room; a quiet corner in which to study; a living room assigned to her own group of classmates.

If this want is provided for hospital trustees will be amply repaid, in better health among the student nurses, in a longer and more unbroken service from the graduate staff, and in the assurance that, in so far as possible the strain for the superintendent of nurses has been lessened.



*As an Ex-Governor Sees It*

The recent regrettable discord in the staff of one of the general hospitals in Ontario has attracted far more attention than it deserved, due chiefly to the unwarranted meddling of a sensation-seeking city press. But it was of especial interest to one who, like myself, has spent many years upon a hospital board and who still retains a keen interest in Canadian hospitals, their nurses and their general welfare. It is no exaggeration to say that there are no better hospitals and nurses. The hospitals are modern to the last degree and the nurses, derived from the best families in the land, and fine types of womanhood, are highly trained. Hospital tradition in Canada is on a high plane. All the more deplorable, therefore, is this lapse in Guelph from those noble traditions and high standard of morale. My sympathy goes out both to the superintendent of the hospital and to the nurses. Had not outside meddling and publicity fanned the embers into a fierce flame the sparks of trouble would in all probability soon have been quenched. I am confident that the nurses have been badly advised, probably by well-meaning friends, and that in cooler moments they will regret sincerely having taken part in an organized and decidedly unprofessional walk-out.

The superintendent of a hospital—especially a country hospital—occupies a post of particular difficulty owing to the diversity of creatures with whom she has to deal. She has to consider (1) the board of governors, (2) the doctors, (3) the nurses-in-training, (4) the domestic staff, (5) the patients, (6) the public.

The demands upon her patience, her good-nature, her tact, her physical strength and her courage are heavy and constant. As a former governor I know that boards sometimes expect the superintendent to perform miracles or to make bricks

without straw. If she allows the board to do foolish things she is probably blamed for not having stopped them: if she has the temerity to differ from the judgments of their lordships she is set down as a strong-minded female. If she is personally attractive she is the object of much feline criticism, while if she is plain and lacks that schoolgirl complexion she has a depressing effect upon the patients (and governors). If she goes out to social functions she is charged with gadding about; if she sticks closely to the hospital she's a poor mixer or too superior.

Then there are the doctors (God bless them!) to please, and it is betraying no secret to say that they are extremely kittlish and sensitive. If they ever imagine that the superintendent or the nurses are giving just a shade more care and attention to a brother doctor and his patients, the probability is that there will be the father and mother of a row and their patients sent to the other hospital. But there are few people outside the hospital staff who know and appreciate how much time and trouble year by year is given freely by the doctors in preparing and delivering courses of lectures in anatomy, physiology, hygiene, materia medica, etc., to the nurses in training. The high standing of the Canadian nurse in her profession is the fruit of these lectures.

Then there is the staff of domestics to manage: hard to get in the first place and then harder to manage. And yet efficient domestic service is an essential in a good hospital.

I have a strong sympathy and admiration for the Canadian nurse in training. It requires a stout heart and a cheerful disposition to go through her three-year course with its inevitable long hours, drudgery and hard work, and its discouragements, to say nothing of the daily duty of facing disease, infection and

death. In peace and war, at home and in the remote corners of the globe, our nurses have set a glorious example of discipline, sacrifice and valour. But the graduate nurse will be the first to agree that discipline is the prime essential of her profession: not only obedience to authority but self-discipline and a stern determination to play the game to the end, come what may.

With the nurses in training the relationship of the superintendent is one of extreme delicacy. She must unceasingly exercise strict and impartial discipline, because rigid discipline is just as important and essential to the nurse as it is to the soldier or sailor: with both it is a matter of human life or death. The superintendent feels a keen pride and affection for her nurses, but she cannot be intimate and familiar with them. She may scold them sharply at times herself, but she will allow no word of criticism of them from others. If the young women in training at the hospital referred to think their discipline was too strict they don't know what grim and ruthless martinets the superintendents of metropolitan hospitals are. The strictest superintendent I ever knew earned the lifelong devotion of practically every graduate nurse she trained.

In addition to all this the superintendent has to please her patients, and most invalids naturally get cantankerous at times and are full of whims and fancies. Lastly, the superintendent is supposed to please

the public, and as the public have in the main to depend upon what they hear from friends or what they read in the press they may easily get an impression far from correct. On the whole, taking one consideration with another, the superintendent's lot is not a happy one. If anything goes wrong the superintendent gets the blame: when everything goes all right, the President and House Committee smile complacently and accept the bouquets. Heads I win, tails you lose, for the superintendent. The nurse in training might remember this when she feels aggrieved at the superintendent: she may be a superintendent herself some day.

In this particular case one of the root causes of the whole trouble has been the accepting of young women, resident in the locality, as nurses in training. They are too close to home and to their families and friends to be immune from local influences and busybodies. In at least some country hospitals local young women are not accepted for that reason, and there is sound sense in the general principle. Minor or imaginary grievances are apt to become exaggerated in the intimate home circle.

After all, the interests of the hospital are paramount, and it is to be hoped that this unpleasant episode will now fade into oblivion and harmony be restored by mutual concession and common sense. The welfare of the hospital is too important to be damaged by internal dissension or external meddling.

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#### COMING EVENTS IN THE NURSING WORLD

Biennial Meeting, Canadian Nurses Association, Fort Garry Hotel, Winnipeg, July 3-7, 1928.

Annual Meeting, Graduate Nurses Association of British Columbia, April 9-10, 1928.

Annual Meeting, Saskatchewan Registered Nurses Association, April 11-13, 1928.

Annual Meeting, Registered Nurses Association of Ontario, April 19-21, 1928.

The first Canadian Council on Social Work, Montreal, April 24-27, 1928.

Biennial Meeting, American Nurses Association, Louisville, Kentucky, June 4-9, 1928.

Annual Meeting, International Catholic Guild of Nurses, Cincinnati, Ohio, June 18-22, 1928.



## Canada's Maternal Mortality

In 1918 by the passing of the Statistics Act the Dominion Bureau of Statistics was established. Until that time Canada had no national statistics. The Dominion Government took the census, but all other vital statistics were under the sole direction of the provincial governments. They are still, but a system of co-operation has been founded and carried on by the Dominion statistician. Until 1921 maternal mortality did not appear as a separate item in official records of the Dominion Bureau of Statistics. The information conveyed by the figures then published aroused the interest of all those most closely concerned with matters affecting the public health.

In 1924 the Executive Council of the Canadian Medical Association arranged for a conference on Medical Services in Canada, to take place in Ottawa, December 18-20, 1924, under the patronage of the Minister of Health. From December 15-17 the Dominion Council on Health was in session in Ottawa and a memorandum on maternal mortality in Canada was laid before the Council by the direction of the Deputy Minister. It was decided by the Council that these facts be laid before the ensuing conference on Medical Services in Canada. Following the presentation and discussion of the subject at the conference a resolution was passed to the effect that the Federal Department of Health would be "requested to undertake a comprehensive inquiry in regard to maternal mortality in Canada."

This work was undertaken at once by the Department of Health, and it was stated that, as far as can be ascertained, this was the first time that the medical profession of any nation had been given the opportunity to tell the story of maternal mortality from the medical point of view.

### Maternal Mortality, July 1, 1925— July 1, 1926

Province	Total Births <sup>①</sup>	Maternal Deaths	Rate per 1,000 living births
Nova Scotia.....	11,157	67	6.0
New Brunswick..	10,631	74	7.0
Prince Edward Island .....	1,691	8	4.7
Quebec .....	84,846 <sup>②</sup>	479	5.7
Ontario .....	68,844	498	7.2
Manitoba .....	14,695	113	7.7
Saskatchewan .....	20,506	126	6.1
Alberta .....	14,654	91	6.2
British Columbia	10,175	76	7.5
Total .....	237,199	1,532	6.4

①July to December, 1925, final figures; January to June, 1926, preliminary figures.

②Not available by months; an estimate based on calendar years has been used.

The statistics given above are taken from the Report on Maternal Mortality in Canada which has just been received from the Department of Health, Ottawa, together with two small blue books with the title "Mother," one written for men and one for women. These blue books contain outstanding information ascertained through the enquiry which may assist Canadian men and women in conserving the lives of young mothers.

It seems incredible that between Dominion Day, 1925, and Dominion Day, 1926, Canada lost 1,532 mothers in childbirth, or from causes connected with it. *Four Canadian mothers died every day.* The average age of these mothers was thirty-one, and they left behind them 5,073 children. Their deaths was the greatest bereavement the homes and country suffered in the Jubilee year of Confederation.

Dr. Primrose, Dean of the Faculty of Medicine in the University of Toronto, gives three chief ways to stop "this long march to the grave," and these are the three central points of the Enquiry:

1st. Change the thoughts of the medical profession and the people of Canada about this subject.

2nd. Make the facts known to the profession and to the people. How many Canadians know that we lose more than four mothers in or because of child-birth every day and 1,532 every year? Tell them.

3rd. Grapple with the subject. Think it out. Let us make up our minds what we should do about it and get it done.

Dr. Primrose says:

"The subject is obviously one that must be tackled by the profession or the state, or by whatever authority can best deal with it. Certainly we cannot afford to have mortality statistics in this class of cases greater in this country than they are elsewhere. It does seem to me that the subject, which is of such great importance, is one that should be grappled with."

Recommendations given in letters of advice from medical men are:

1. That the teaching of medical students in obstetrics be improved.

2. That post-graduate courses in obstetrics be provided for practising physicians; also that pamphlets be prepared and distributed to them on the best modern obstetrical technique.

3. That every case of puerperal sepsis be reported to the Provincial Deputy Minister of Health.

4. That an enquiry into every maternal death be made by the local medical officer of health, under the direction of the Provincial Deputy Minister of Health.

5. That hospitals, medical societies and health departments should establish Maternity Clinics and Pre-Natal Clinics.

6. That the number of hospitals and outpost hospitals and public health nurses should be increased so that every mother may have the necessary care, pre-natal, natal and post-natal; and that public hospitals, maternity boarding homes and private hospitals should be properly inspected.

7. That classes in Home Nursing should be organized and regularly held.

8. That midwives should be:

(a) Replaced by trained nurses;

(b) Trained, examined and registered;

(c) Abolished by law.

9. That 'Home Helps' be provided for the mothers.

10. That obstetric consultants should be available.

11. That the Provincial Departments of Health should supply physicians with mailing packages for specimens of urine, similar to those supplied for other laboratory specimens. Printed directions re pre-natal care to be enclosed.

12. That Maternity Allowances should be established by Workmen's Compensation Boards and other public authorities.

We cannot hope for improvement in infant mortality rates until the mothers receive better care. The great reduction in infant mortality in Canada, as in other countries, during the past few years has almost all been in the second to twelfth month of the first year. The chief cause of death in the first month is loss of the mother, who did not receive pre-natal care. Prof. Chipman, of McGill University, says: "The case stands strongly against us—the mother in the prime of life—the most valuable citizen in the community—dying often from a preventable disease."

Space does not allow for further excerpts from the Report, many of which are valuable as information for nurses.

Each nurse should have a copy of this Report on Maternal Mortality in Canada,\* which was made by the Department of Health at the request of the first Conference on Medical Services in Canada. The Report was compiled under the direction of Dr. Helen MacMurchy, Chief of Division of Child Welfare and first Editor of *The Canadian Nurse*.

\*A copy of this Report may be secured from the Department of Health, Ottawa.



## *Vignettes from the History of Nursing*

*By Members of the School for Graduate Nurses, McGill University, Montreal, with Introductory Note by Maude E. Abbott, M.D., Lecturer on the History of Nursing. (Continued.)*

### XIII

#### FABIOLA

By INEZ E. WELLING, Shediac  
Cape, N.B.

Fabiola, a saint and Roman matron of rank, belonged to the patrician Fabian family of tremendous wealth. She had been married to a man who led so vicious a life that to live with him was impossible; obtained a divorce from him according to Roman law, and then, contrary to the ordinances of the Church, married again before the death of her first husband. She was most unhappy during the second marriage and after her husband's death decided to do public penance. It was at this time the custom of criminals and all the lowest types of people to come to the gates of the Lateran Basilica on the day before Easter and openly confess their sins. They were much surprised to find Fabiola standing at the gates: beautiful, dressed in a plain dark penitent's robe, with her hair hanging down, ashes on her head, her face stained with weeping, to do penance in public for her great sin: an act which made a great impression upon the Christian population of Rome. She was then again received formally into full communion with the Church.

Fabiola now renounced all that the world had to offer and devoted her immense wealth to the needs of the poor and the sick. She founded, at first in her home, the first free public hospital under Christian auspices: when out herself, found the most needy patients, brought them home, and personally bathed their wounds and sores.

The influence of Marcella and Jerome, and the teachings of Christianity, and mostly her own unhappy experience in life, led Fabiola to throw herself, with her eager and

restless nature, into a life of self-sacrifice, service and devotion to others.

She built a beautiful hospital at Rome in 390 A.D. and waited on the inmates herself, not even shunning those with repulsive wounds and sores. Jerome tells of her service to the most unfortunate and afflicted patients, the badly mutilated; those with blinded countenances, partially destroyed limbs, swollen bodies and wasted extremities; how often she had carried such cases into her hospital in her arms, revolting victims suffering from a frightful malady, when the odours from the wounds were such as prevented everyone else from even looking at them.

She fed the sick with her own hands and revived the dying with small and frequent portions of nourishment. Besides all this she gave large sums to the churches and religious communities at Rome and other places in Italy. All her interests were centered in the needs of the Church and the care of the poor and suffering.

Later, about 395 A.D., she went to Bethlehem where she lived in the hospice of the convent directed by Paula, and applied herself under the direction of Jerome with the greatest zeal to the study and thought of the Scriptures.

Residence in Bethlehem became unpleasant for her on account of a quarrel between Jerome and Bishop John of Jerusalem respecting certain teachings. So she returned to Rome where she, together with a former senator, built at Porto a large hospice for pilgrims coming to Rome. She also continued her hospital work with the sick poor until her death on December 27th 399 A.D. Her funeral was an example of the reverence and appreciation with which she was regarded by the Roman populace.

XIV  
FABIOLA

By E. M. ROBERTSON, Montreal, P.Q.

On one Easter Eve, at the porch of the Lateran, where all the criminals and lowest types of humanity were gathered to openly confess their

among this crowd of common people?

In her youth Fabiola, who belonged to the patrician Fabian family, was one of the most beautiful, charming, and worldly Roman matrons of her day. She was married unhappily and could not live with her hus-



FABIOLA

sins, stood a figure, plainly clad in the penitent robe, ashes on her head, hair hanging down and her face disfigured by much weeping. Much amazement was expressed at the sight, for was not this Fabiola? Yet how could it be the proud, beautiful, wealthy, high-born Roman lady

band, so she divorced him according to Roman law—but contrary to the ordinances of the Church—and married again, also unhappily.

About this time the influence of Marcella, a noble Christian Roman matron, and the teachings of Christianity, began to take hold on Fabiola,



and, no doubt coupled with her previous unhappy knowledge of life's disillusionments, led her to become a Christian. It was after the death of her second husband that she appeared at the Lateran, and in expiation for her former life and second marriage, which had now become a sin to her, she made public confession.

From now on her life changed. Of her energy, which was boundless, and her wealth, which was fabulous, she freely gave, and threw herself whole-heartedly into a life of self-renunciation and service to others.

In 390 A.D. Fabiola built a general public hospital at Rome: the first of its kind; a place for the sick as distinguished from objects of charity, who were simply poor, which Jerome calls "nosocomium." Here she gathered together all the sick she could find and devoted herself to working as a nurse among her patients, treating the diseased, maimed and wasted bodies with the utmost care and tenderness, never even flinching from hard and dreadful tasks, self-imposed though they were. It is said that "the poor who were well envied those who were sick."

But Fabiola's interest did not stop here. She supported many monasteries and institutions for the sick and the poor. Jerome says in his writings, "Was there a monastery which was not supported by Fabiola's wealth? Was there a naked or bed-ridden person who was not clothed in garments supplied by her? Was there ever anyone in want to whom she failed to give?"

Fabiola's friend Paula, also a Roman matron converted to Christianity, and her son-in-law, Pam-machius, were deeply interested in hospitals, and together with Fabiola undertook the founding of an immense shelter for pilgrims and strangers at Porto.

She also went to Bethlehem at Marcella's request about 394 A.D. to stay with Paula, who had built

and endowed a large monastery for men, over which Jerome presided. But a threatened invasion by the Huns shortened her visit. Paula never saw her again, for on December 27th, 399 A.D., Fabiola passed from this life: 'gone, it is true, but not forgotten, for there were many thousands of living memorials to testify to the life she had lived and the good she had done.

## XV

### FABIOLA

By NETTIE DOUGLAS FIDLER,  
Toronto, Ont.

The pagan religion had taught that sickness and poverty, disease and death, were abhorrent to the gods. In the new Christianity illness and distress became very important, as providing an expression for faith and service. All members of the Church joined in the new activity, and institutions of all kinds began to spring up for the care of the afflicted poor: among these, many hospitals. In the administration of these many men and women found their opportunity for self-expression, as well as for the practical application of their faith. It is at this time that the history of nursing as distinct from that of medicine begins.

Among the most powerful forces in advancing this work was a group of patrician Roman women, about fifteen in all, who formed a sort of informal association around Jerome, and devoted their great wealth entirely to the founding of charitable institutions of all kinds, and particularly to the advancement of nursing. Of all these, the one who perhaps exerted the greatest influence on her time and succeeding generations was Fabiola.

Fabiola, a member of the Fabian family, was a woman of great beauty and intellectual power. When very young she was married to a man of such vicious habits that she was forced to divorce him, and, contrary

to the laws of the Church, entered on a second marriage before his death. This for a time cut her off from the Church and from her friends. After the death of her second husband, on the day before Easter, she came with the other penitents to the porch of the Lateran Basilica, and there, with bare head and feet, with rent garments and disfigured face, casting away her jewels, she did public penance for her sin. After this she was received again into the communion of the Church. From then on she renounced all that the world had to offer, sold all her possessions, and determined to devote the huge sums thus realized entirely to the sick and poor.

At first she received patients in her own house, nursing them herself. Later, in 390 A.D., she erected the first general public hospital in Rome. So well was this administered, and so excellent was the nursing, that Jerome says the poor wished to be sick that they might come under her care. He describes how tenderly they were nursed, and how she "revived the dying with small frequent portions of nourishment." It is interesting to note that the hospital had in connection with it a convalescent home in the country. In addition to founding the hospital she gave large sums to the churches and monasteries at Rome and in the neighbouring islands.

In 395 A.D., Fabiola made a pilgrimage to Bethlehem, where she lived in the hospital of Paula and devoted herself to a study of the Scriptures, in which she became very learned. Jerome was her teacher, and she seems to have been a stimulating pupil, as it was in answer to her inquiries that Jerome wrote two treatises: one on the priestly dress, and the other on the stations of the Israelites in the wilderness.

But Fabiola did not stay long in Bethlehem. As a matter of fact, she liked to be surrounded by a crowd, and after a year she decided to return to Rome.

A short time after her return she wrote asking Jerome if a woman who had accepted a second husband while her first was living could communicate without doing penance. Jerome gathered from this that Fabiola had some thought of a third marriage and did not wish to repeat her public penance. He answered her cautiously, but decidedly in the negative. With this Fabiola decided to be satisfied and finally gave up the last of her earthly desires.

The last three years of her life were very busy. She continued to pour out her wealth on good works, and with Pammachius, a former senator, she established a great hospice for pilgrims coming to Rome, at Porto, the port of Rome. It was so successful that its fame spread all over the eastern civilized world, and north to Gaul and Britain.

She died in 399 A.D. The veneration and gratitude of the people were such that the streets of Rome could hardly contain the multitude who followed her to the grave.

The life of Fabiola is typical, with slight personal exceptions, of that of all the brilliant band of noble Roman matrons who by their great ability and wealth and single-hearted devotion firmly established nursing as a vocation.

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(To be continued.)



## *Registered Nurses Association of Nova Scotia*

By CATHERINE M. GRAHAM

The Graduate Nurses Association of Nova Scotia, now the Registered Nurses Association of Nova Scotia, was brought into being in the year 1909.

The leading graduates of the province had felt the need for organization for some time previous to this, owing to what one might term a variety of circumstances and happenings which were handicapping the professional nurse of Nova Scotia and subjecting her to unjust and unequal competition: Nurses graduated from some small special hospital in another country, or receiving a diploma as a reward for taking a correspondence course in nursing, or discharged probationers from local hospitals. All these might, and frequently did, enjoy the same privileges as those "of the household" of properly qualified, accredited graduates. Untrained and uncertified persons could, and did, institute and conduct Nursing Homes, and "there was none to say them nay," although the lack of knowledge on the part of these self-styled trained nurses, and absence of ethics in operating these homes, was very apparent.

These and similar incidents were recognized by the graduates as a great and growing menace to the public, injurious to the training schools, and detrimental to their own professional standing. "How shall we combat this evil?" they asked one another. "Organize!" was the answer.

A preliminary meeting was held in April, 1909, with eleven members present, and in May the first monthly meeting was called and a tentative list of officers appointed to carry on until September, when a slate was prepared and regularly voted upon. Miss E. M. Pemberton, who, beginning with those early days down to the present time has ever been an enthusiastic, loyal member, was appointed president and graciously

consented to act until September when, to use her words, "a Nova Scotian should be elected." Miss Kirke was elected secretary, and Miss Deacon (for a short while) treasurer; Miss McKeil then taking this office.

September was chosen as the month most likely to bring the largest number of nurses together, it being the time when the provincial exhibition was held in Halifax, thus ensuring special transportation rates and other inducements. About twenty nurses registered at the first provincial meeting, at which Miss Pemberton presided. It was marked by enthusiasm and splendid addresses from leading medical men of the day.

To Mrs. W. D. Forrest, formerly Miss Frances Thomas, a graduate of the Victoria General Hospital, and at one time superintendent of the Victorian Order of Nurses of Halifax, goes the honour of being elected the first president of the Association. It means a great deal to any association or society to be capably led, and the Graduate Nurses Association of Nova Scotia was signally happy in its first president. Interested, enthusiastic, gracious and kindly, Mrs. Forrest made an ideal presiding officer, and the Association owes her much. Other officers elected were: First vice-president, Miss Sheraton; second vice-president, Miss Bertha Elliott; third vice-president, Miss Sampson; local vice-president, Miss Pemberton; treasurer, Miss McKeil; recording secretary, Miss Kirke; corresponding secretary, Miss Pemberton.

In this way the Association was launched, and its objects outlined to the assembled members as follows: To afford protection to graduate nurses, and to assist in the maintenance of their honour and status. Registration was referred to by Miss Pemberton as "most desirable to be secured in this province." Candi-

dates for membership in the Association must be certified graduate nurses of a recognized training school.

The next year, 1910, found the Association had indeed made progress. Early difficulty in determining the questions of standard and membership qualifications having presented themselves, legal advice was obtained, which resulted in an Act of Incorporation (April, 1910) and the framing of by-laws. This Act was referred to at the time as an ideal constitution, being broad enough to provide for every graduate nurse in the province, by virtue of her qualification or by examination.

The services of Mr. Hector MacInnes, K.C., were generously placed at the disposal of the Association in securing the passage of this Act. Mr. MacInnes is very well known throughout the Dominion and has been the guide, philosopher and friend of the Association from those early days to the happy day when registration was an accomplished fact, and since. No history of the Association would be complete without an acknowledgment of the legal services cheerfully given at all times.

The control of the register for private nurses, which the Association soon acquired and still maintains, was another forward step and meant so much to the nurse, the patient and the public. The names of sixteen graduates were published on the first list of the Association Register. Five years later the number had increased to seventy. This register was maintained at Resthaven, a private hospital conducted by Miss Pemberton, to whose great interest the success and efficiency of the register were due.

It was reported at the first annual meeting in September, 1910, that sixty members were on the roll, an increase of twenty-seven during the year. Mrs. Forrest was elected honorary president at this meeting in recognition of her splendid leadership of the year. In her decision to retire from the office of president, owing to urgent private duties, the

Association regretfully acquiesced. Other officers elected were: Local vice-president, Miss Frances Fraser; provincial vice-presidents: first, Miss Sheraton; second, Miss Sampson; third, Miss Kirkpatrick; treasurer, Miss McKeil; secretary, Miss Kirke.

These same officers were re-elected in 1911, which is memorable for the appointment of an examining board, made necessary by the Act of Incorporation. This first board consisted of Dr. K. A. MacKenzie, representative of the Nova Scotia Medical Society; Dr. M. A. Curry, medical representative of the Nurses Association; Miss Pope, matron, Military Station Hospital; and Miss Frances Fraser, superintendent, Halifax Children's Hospital. Graduates from hospitals of less than thirty beds, previously ineligible, were now admitted to the Association, conditional on their passing the examinations set by this board.

September, 1912.—At this time, one hundred and fourteen members were enrolled. A Sick Benefit Fund had been organized during the year. Registration began to engage the attention of the members. In her annual address the president stressed the importance of provincial registration. A report on this subject was presented by Miss MacKenzie, who had been appointed convener of the registration committee. The same officers were re-elected.

1913.—One hundred and twenty-eight names on the roll testified to a steadily growing membership, and affiliation with the Canadian National Association of Trained Nurses spoke eloquently of progress. This affiliation was accomplished at the National Convention held in Berlin, Ontario, May, 1913. The Association extended an invitation to the National organization and to the Canadian Society of Superintendents of Training Schools to hold their next meetings (1914) in Halifax. This was accepted. The provincial meeting was made interesting by the presence of Mrs. W. E.



Struthers, a pioneer in the field of school nursing. Later Mrs. Struthers addressed a public meeting, under the auspices of the Association, on The Economic Value of the School Nurse to the Community. The meeting was presided over by Mayor Bligh and attended by many prominent citizens who advocated the appointment of school nurses to the schools of the city.

1914.—A memorable year in the Association, since it marked the membership barometer as steadily "rising;" one hundred and sixty-one names being now on the roll; the successful holding of the National Convention, in June, at which the Nova Scotia Association was hostess to the Canadian National Association and the Canadian Society of Superintendents of Training Schools. In an effort to make the social side of the convention a pleasant one, the Association was ably and generously backed by many prominent women in the city, who opened their homes and entertained lavishly for our guests. And last, but certainly not least, came the declaration of war which was to mean so much to the whole nursing service of Canada. In that time of stress and trial the Nova Scotia Graduate Nurses Association (looking back) feels it contributed its "bit." The Association was looked to by the military authorities to censor and safeguard, as it were, the professional status of those nurses applying for military service.

At this meeting the subject of public health nursing and social service was introduced for the first time when a letter was received from the National Association asking that a representative from Nova Scotia be appointed to a recently formed standing committee on public health nursing and social welfare. Honorary president, Mrs. W. D. Forrest; president, Miss Kirke; local vice-president, Miss Pope; provincial vice-presidents: first, Miss Sheraton; second, Miss Sampson; third, Miss Kirkpatrick; secretary, Miss Pember-

ton; treasurer, Miss Frances Fraser.

1915—Was marked by the departure from the city of Miss Kirke, a decided loss to the Association. Many instances might be recorded of the progress made by the Association under Miss Kirke's able leadership, and while a passing reference is all that is possible in an article of this nature, nevertheless her name is "writ large" in the early history of the Association. Twenty-seven members at this time were doing military duty, and their absence was severely felt in the usual avenues where in times of peace they practised their profession. Mrs. W. D. Forrest in the chair.

This year also marked the raising of the standard of admission of graduates from thirty-bed hospitals to that of fifty-bed hospitals.

1916.—This meeting was held in Truro, the home of the vice-president, Miss Kirkpatrick; Mrs. W. D. Forrest presiding. Two hundred and twenty members were now enrolled with the Association, of which seventy-six at this time were on military duty. Mrs. W. D. Forrest was re-elected president at this meeting, the other officers being as follows: Local vice-president, Miss K. Graham; secretary, Mrs. C. B. Bligh; treasurer, Mrs. J. Doyle; provincial vice-presidents: first, Miss Sheraton; second, Miss Kirkpatrick; third, Miss Watson.

1917.—Mrs. Forrest presiding. Registration and its attendant difficulties was very much to the fore at this time, and the sick benefit fund was rather disappointing to the pioneers of the fund. Although in a healthy state and having already paid several claims, the fund was not being taken advantage of by the members, only a small percentage having joined. These and other important subjects were discussed. Affiliation with the Local Council of Women was effected about this time. The franchise for the women of Nova Scotia was "in the air." The Canadian Nurse, the national nursing magazine, also came in for consider-

ation. The first banquet took place this year, held at the Halifax Hotel, and had a decided military flavour, many nursing sisters being present. A pleasing incident of this dinner was the presentation of a basket of flowers and a ring to the retiring president, Mrs. W. D. Forrest, being a tangible token of the appreciation felt by all for her untiring services.

It is a sad reminder of the vicissitudes of daily life when we turn from the banquet table spoken of above to the contemplation of the terrible disaster occurring in Halifax on December 6th, 1917, and referred to ever since as "the Great Explosion." The Association was fortunate in the fact that despite the appalling loss of life their members survived. This tragic incident brought the war very close to our doors, and it also served to illustrate the fact that present day nurses were as ready to spend themselves and be spent in the cause of suffering humanity as at any time in the past.

We pass hurriedly over the ensuing years with merely a glance at the outstanding features. 1918—immortalized forever as the year of the Armistice, when war with all its horrors gave place to the shining Angel of Peace. Although our hearts were saddened by the gaps in our ranks the members set themselves resolutely to work for a Memorial that should do honour to those nurses who had given life itself in the cause of their country.

1919.—Mrs. W. J. Doyle, now Mrs. E. V. Hogan, occupied the presidential chair at this time, and the meetings began to shadow forth the growing interest in the subject of public health and child welfare work. Halifax boasted now two school nurses—Miss Winifred Read and Miss Richardson, with a family of nine thousand children to care for. To Miss Read must be given the credit of introducing the first Nutrition Class in Nova Scotia.

1920—Marked the inauguration of a public health course for nurses at Dalhousie University. A goodly

number of the members availed themselves of this opportunity and have been engaged in this work since their graduation.

1921.—Mrs. H. R. McLarren presiding. This year found the committee on registration very busy meeting the representatives of the government on this important question. Progress was slow but sure, many obstacles arising and much discussion on related matters using up valuable time.

1922.—The Association was asked to contribute to the National Memorial Fund. Misses K. MacLatchy (convener), Hayden, MacKenzie, Hubley and Graham were appointed a committee to deal with this important matter. November, 1922, saw the realization of the members' hopes for a suitable memorial to the Nova Scotia nursing sisters who had yielded up their lives. A beautiful plaque was unveiled in the Children's Hospital by Dr. Margaret Macdonald, signifying that the cot beneath had been endowed for all time in their honour and to their memory. The former matron-in-chief came especially to Halifax to perform the ceremony of unveiling, and Lieutenant-Governor Grant and Mrs. Grant honoured the occasion by their presence, the Governor making a eulogistic speech replete with feeling. The plaque bears the inscription—"In loving memory of the Nursing Sisters, who gave their lives in the Great War, 1914-1918." This cot endowed with two thousand dollars, will perform a useful service to sick children as long as time endures.

Special meeting re registration: Matters were not going well in this connection. Bitter opposition developed in several quarters and the efforts of the committee were badly hampered. In opposition to the Bill, it was stated that it would discriminate against past graduates in its present form. In regard to approved training schools, the Association was gratified to learn that the course at the Nova Scotia Hospital had been



extended to two years and six months, and in the near future would be affiliated with a Montreal hospital. A great storm centre was the question of increasing the number of beds from thirty to fifty. The opponents of the Bill were rapidly moving in the direction of a twenty-bed hospital, and the nurses themselves became divided on this question, many feeling that registration in any form was preferable to none, and others strenuously objecting to any lowering of standards. Finally, a decision was reached that the fifty-bed hospital be the standard, the twenty-five-bed hospital being eligible, providing there was a six-months' affiliation with a larger hospital. In this form the Bill was passed on April 29th, 1922.

Immediately upon the Bill becoming law, one of the most important committees ever formed in the Association was elected to put into effect the power given the nurses by this Act. This was called the By-laws Committee, with Mrs. C. B. Bligh as convener, and twenty members, including the superintendents of all recognized hospitals. This committee did a lot of hard work one entire winter, meeting fortnightly for this purpose at the Halifax Infirmary, which had been courteously placed at the disposal of the committee by Sister Anna Seton, herself a member of the committee. Local branches were established in three sections — Halifax, Antigonish and Cape Breton, and a vast amount of other work accomplished in carrying into effect the provisions of the Act. Mrs. C. B. Bligh, as convener, carried a large share of the load, and Miss Margaret MacKenzie did yeoman service as a member of a sub-committee in organization work.

1923.—The summer of 1923 saw the opening of an office in the Eastern Trust Building, and the appointment of a registrar to take care of the new responsibilities which devolved upon the Association with the securing of registration. Miss Flora Fraser, registrar, is admirably discharging these duties, one of the

first of which was the issuing of registration certificates. It was decided that "Number One" should be given to Miss Pemberton, the first acting president.

1926.—The Registration Act, having now been in force four years, it was evident that some changes were necessary to make it more efficient. Therefore, various amendments were submitted by the Association and approved by the legislature, chief of which were:

(a) changing of the former name of the Association to that of Registered Nurses Association of Nova Scotia;

(b) the adjusting of the male nurses' course to render them eligible for admission;

(c) the widening of the scope of the Act so that it is no longer obligatory for nurses to reside in Nova Scotia.

This, then, is the history, imperfectly told, of the Association. It is a far cry from those early unorganized days to the present, when, looking over our own province, and then beyond, to the sister provinces of the Dominion, we note the many forward strides our profession has taken. University courses, refresher courses (one having been given by Dalhousie in 1927), and many other opportunities await the nurse of today. Public health nursing in many aspects to those who desire a wider field than either the hospital or sick room affords. In the broader privileges of the present it is well to pause and with a glance backward, render tribute to those of our number who have "borne the burden of the day and the heat." They have blazed the trail; they have accomplished things; and as we render them due meed of praise, let us not forget that the unspoken challenge in their eyes reminds us that there is much yet to be done. Let it not be necessary to ask of us "Are you drifting or rowing?" ever remembering, though obstacles confront us, "every day is a new beginning; every morn is the world made new."

## Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,  
Miss FRANCES REED, General Hospital, Montreal, P.Q.

### *Advantages and Disadvantages of Standardising Nursing Technique*

By S. LILLIAN CLAYTON, Superintendent of Nurses, Philadelphia Hospital,  
Philadelphia

In order properly to estimate the advantages or disadvantages of any plan or purpose, certain definite things should be considered.

First: A statement of the plan itself should be made.

Second: Its ultimate purpose.

Third: The means by which the plan is to be carried out.

Fourth: After an understanding of these we should ask ourselves whether or not there is sufficient interest on the part of those concerned to make it worth while to continue working on the plan, and whether one's faith in it is such as to make it imperative to continue to work for its ultimate success.

We have been asked to set forth the advantages and the disadvantages of standardising nursing technique.

The subject is not a new one, but its actual study has been slow, and today we have advanced but little in our effort to secure definite knowledge upon which we may base conclusions.

If the subject is of real interest to the nursing and hospital world, why has more effort not been made to further its scientific study?

We are agreed that a certain amount of time is required for definite nursing procedures; we know that much valuable time is lost for actual nursing service, in every part of the hospital organization, because of extraneous duties for the nurses.

Why then do these things, that ought not be to be, continue to take the place of things that ought to be?

In order to place before ourselves a definite picture, may we not approach the subject as people studying methods of scientific management have approached their problems in the business world? To be sure, the analogy can apply only to a limited degree.

In 1911 Mr. Taylor tried to point out to the public something of the great loss which the whole country was sustaining through inefficiency in almost all our daily acts. He next had to convince the public that the remedy for this inefficiency lies in systematic management rather than in searching for some unusual or extraordinary person to perform the work. Third, he tried to make them understand that the best management is truly scientific, resting upon a foundation of clearly defined laws, rules and principles. Further, he sought to show that these fundamental principles of scientific management are applicable to all kinds of human activities, from our simplest individual acts to the work of our great corporations, which call for the most elaborate co-operation.

The principles put forth by him were such as could be applied to home and business alike, to professional and non-professional undertakings. The first great principle was that scientific management or standardisation would bring about the greatest well-being for all concerned. This applied to the work in



our own field would mean that we ought no longer to perform our duties according to the rule of thumb of former days. Some one will remind us that long ago we began to standardise our equipment and methods of procedure. True, but have we studied the actual results of our methods to be sure that they are producing a maximum of "well-being" to all concerned?

Let us stop here to impress upon our minds the meaning of the term "well-being" as it will be interpreted in this paper. We refer to the physical, professional, economic and spiritual values of the patient, the hospital, the student and the organization.

To consider the problem scientifically we should make an analysis of our procedures. This requires a statement of all the details of the work that would in any way influence its performance.

We have spent such time gaining, through supervision, a knowledge of the individual worker, but the things or conditions extraneous to the work and to the worker are of great importance in our field of endeavour.

In order scientifically to standardise our work we must analyse it as stated above. Such an analysis would call for properly qualified persons to perform the task. They would concern themselves with the following details, the first being the selection of the proper student material for the school. This is already being done by the faculty of the school, but it would be interesting to know really whether the individual candidate is chosen because she possesses special characteristics that qualify her for the profession, or whether the choice is based upon certain definite requirements, such as preliminary educational standards, a health certificate, and letters as to personal character. Those of us in the nursing world realise, of course, that these latter points do not really determine the fitness of an individual for the work she is to do. However, this is

the starting point, the selection of candidates possessing minimum qualifications necessary for the performance of the duties required. Having selected the student personnel, we must conserve their health, so that the next step of the analyst will be to determine whether the conditions surrounding the worker are such as reasonably to do this.

The foregoing may seem to the uninitiated a superfluous statement in relation to the hospital world, but we believe that among the disadvantages of standardization are certain physical conditions in the hospital which lead to the nurses being off duty for physical reasons for too many days.

Our next step would be to determine the best methods of work. As previously stated, some time studies have been made and certain techniques have been standardized, but have we made a sufficient study of these to be scientifically sure they are the best? We have all had the experience of going into our wards and observing some procedure that has been standardized, and we have frankly wondered whether it has resulted in economy of time or of energy, and whether it has really given the greatest possible comfort to the patient. This brings us to another principle of standardisation, namely, that nothing is final. Past study resulting in important findings does not preclude further study of the same subject. In other words, standardisation is a means of growth, if regarded rightly.

All methods must be understood and adequate outlines must be provided, otherwise there can be no real standardisation. Here one would recommend the increased use of case records, practice sheets, etc. One of our greatest problems is to determine just how much nursing care a patient requires in a day, just how much service it is possible for a nurse to render. Like many of our definite statements we have been prone to state our requirements in

terms of mathematical precision—1.4 or 1.10, etc.

In a scientific study we must determine much more accurately than ever before the definition of a fair day's activity, measured first in terms of adequate service to patients, cost of such service, amount of time wasted, and the amount of such service needed in the education of the nurse.

We have seen that the value of an analysis of our work consists in the selection of student personnel, safeguarding health, improving methods of service, stating in a well-defined way our ideals of work, and determining how much service can be rendered by one nurse. How then must we proceed in the task of analysing our work?

If it is to be of value it must be of scientific value: there must be system. The study must extend over a long period of time; the method of study must be orderly. Much has ~~been~~ done in the business world along this line, and some study has been made in the nursing world, but nothing extensive or complete. Such a study should be made by a person trained in methods of observation and measurement, and would require a sympathetic understanding from all those with whom he will come in contact. This brings us to the next great important principle of standardisation: that of harmony and co-operation.

The people responsible for the administration, the person to perform the work, and those to be benefitted by it, and those who must pay for it, should all work intelligently and sympathetically with the scientific student of the problem. The student of the problem should not only be well qualified scientifically for the work, but should possess such personal qualities as would enable him to get on with people easily.

Having secured the proper person or persons to study our standardisation of nursing, the work itself would be studied from the stand-

point of every type of service rendered and its relation to other work; the equipment necessary for doing the work, the means of securing an adequate amount of equipment and the means of providing for the details of its maintenance and care. Further, we must study the detailed performance of the work, to determine whether the actual technique, as expressed in motion and time, is adequate, economic and efficient. Records must be kept and studied.

In the school of nursing the education of the student must be considered and all factors relating to it, including effect of the work upon the person doing it.

And last, but not least, the relation of all of this to the patient and to the hospital must be considered.

The foregoing is a brief statement of the plan for studying scientifically the standardisation of nursing or of any other form of activity.

The ultimate purpose of the plan would be to increase efficiency in the hospital from the standpoint of organisation, growth, and development in better methods of service, economy in the use of time and material, and increased intelligence in actual knowledge of what really is being accomplished in the hospital in the care of the patient, the education of the nurse, and service to the public.

To those rendering the service would be given accurate knowledge, first of the work itself and the conditions under which the work would be improved. The student would be inspired to more efficient service, because her nursing service would not continually be interfered with by surrounding conditions such as materials, equipment, unrelated duties to be performed, etc.

The patient would be more suitably cared for, so that his number of days in the hospital would be shortened.

His mental attitude would be improved, because his economic burden would be lightened and his confidence in the service rendered would



be increased. If the nursing technique is adequately judged it will result in the improved care and comfort of the patient, for it will be simple and adequate.

We do not believe any of our hearers will disagree with us as to the plan or its purpose, but the problem confronting all of us is that presented by our next point.

By what means may this study be accomplished? In the past we have made some feeble efforts within our institutions, using the personnel available for such study as has been made. We have in our educational centres given to our students projects to be worked out in relation to this problem. But we have never had the financial means to provide scientifically trained persons to make a complete study, and in almost all hospitals we have been unable to provide suitable and adequate conditions or a sufficiently large personnel to make such a study. If the plan is to be carried out, the only means that can be thought of at present are that the executives and boards of managers be brought to realise the inherent possibilities in such a study and the need for it in the hospital world. When they realise this need intellectually and emotionally they will secure the necessary funds to satisfy it, just as they would make any important purchase for the institution.

Our next point is that of interest on the part of hospital and school executives, the teachers, the students, the patients or the public. Can it be secured? These groups will be interested if they are mutually responsible for the conduct of the study and if the results are satisfactory in their relation to the effective carrying out of the varied purposes of the different groups.

The fifth question we should ask ourselves is whether our own faith in the plan is of such nature as to make it imperative for us to continue our efforts in spite of obstacles. If we base our answer to this fifth

point upon the principles of nursing, demonstrated by our study of the growth of our profession, there will be no doubt but that our reply would be in the affirmative.

In the light of the preceding statements we are prepared to state that the advantages of the standardising of nursing technique are to be found in improved student personnel, greater care in developing conditions of working and living, greater stress upon improvement of methods, such improvements to be based upon scientific study of detail, better organisation and administration in the institution (because of more clearly defined ideals and more adequate records), additional service rendered by the development of every individual to give his greatest amount of service.

To achieve the above advantages there must be harmony and co-operation among individuals in their relation one to the other. If standardisation is introduced into the nursing world such advantages will be realised, and the patients, hospital and nursing personnel will appreciate their value.

The disadvantages of standardisation in the hospital world are very real.

First: Its limitations.

Second: The danger to the patient in forgetting the principle of individualizing.

Third: The reaction of the nurse in her relation to the patient.

Fourth: The danger of introducing commercialism into professional service.

Referring to its limitations: Standardisation must not be used when it interferes with the best interests of the patient, either physically, mentally or spiritually; nor must it be used when by so doing it interferes with the well-being of the nurse. Scientific care of patients necessitates the intelligent study of the patient from the standpoint of his mental and physical reactions, as well as that of scientifically correct

laboratory methods. Standardised technique must not be considered at this time if some other method will bring a better response. If all patients are to have the best nursing care the reaction of the nurse must be considered. She must use her standardised methods only in so far as they do not interfere with her best interpretation of her patient's needs.

To repeat, the nursing world differs from the commercial world in that its personnel is dealing—not alone with methods, material and time—but with the mental, physical and spiritual reactions of human beings.

We would end this paper by stating that we believe the advantages of standardisation to be great. We

would urge that greater effort be made to study our nursing methods now in use and to develop more and better ones. There is a great need for such study to be made and we believe that the patient, the hospital and the nurse would all be benefitted as a result of it.

We would, however, strongly urge that while such studies are being made we do not forget to consider the reactions upon the patient and upon the nurse. We should study both; learning to standardise methods but not the individual, neither the patient or the nurse; and that we apply our standardised methods so as to develop scientific nursing in the most intelligent and professional spirit.

### *School for Graduate Nurses, McGill University*

The announcement of the appointment of Miss Bertha Harmer, R.N., M.A., as Director of the School for Graduate Nurses at McGill University, Montreal, will be regarded with much interest in the nursing world and especially to the nurses of Canada. Miss Harmer is a graduate of the Toronto General Hospital and held the position of Instructor of Nurses and Supervisor in that hospital for some years. Like many Canadians Miss Harmer did post-graduate work at Teachers' College, Columbia University. She has also been Instructor of Nurses at St. Luke's Hospital, New York, and Assistant Professor of Nursing at the Yale School of Nursing, New Haven.

Miss Harmer is very widely known as the author of text-books used in many Canadian and American Schools of Nursing. These are "The Principles and Practice of Nursing" and "Methods and Principles of Teaching the Principles and Practice of Nursing." She is at present working on a second edition of the "Principles and Practice of Nursing." This edition is to be translated into French for use in the Schools of Nursing in France.

It is anticipated that many nurses will be interested in this opportunity to take post-graduate courses under the distinguished leadership of one so well qualified and so experienced in nursing education.

### *Biennial Meeting, 1928*

Rates for hotels easily accessible to convention headquarters are:

#### **The Fort Garry:**

Room without bath, 1 person.....\$3.00  
Room without bath, 2 persons..... 5.00

#### **Royal Alexandra:**

Room without bath, 1 person.....\$3.00  
Room without bath, 2 persons..... 5.00

#### **The Marlborough:**

Room without bath, 1 person.....\$2.00 up  
Room without bath, 2 persons.. 3.50 up

Room with bath, 1 person.....\$4.50  
Room with bath, 2 persons..... 6.00

Room with bath, 1 person.....\$4.50  
Room with bath, 2 persons..... 6.00

Room with bath, 1 person.....\$3.00 up  
Room with bath, 2 persons..... 5.00 up

Reservations should be made at an early date to assure delegates of comfortable accommodation.



## Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,

Miss AGNES JAMIESON, 1230 Bishop St., Montreal, P.Q.

### *Problems of the Private Duty Nurse*

By MISS AGNES JAMIESON, Montreal.

What the private duty nurse stands for:

1. She stands for the end product of our schools of nursing.

2. She stands for the highest representation in the nursing field.

3. She stands for the greater supply in time of epidemics.

4. She stands for our national defence.

5. She must stand as one who has learned to look on nature, not as in thoughtless youth, but hearing oftentimes the still, sad music of humanity.

It is she who is engaged in the soul of nursing: the Florence Nightingales of the profession. She is the general practitioner in the nursing profession. She knows how to do everything. She is present at the two greatest of God's mysteries—birth and death; to minister to the needs of the new-born—an unbounded joy—and to the needs of the dying, one of her gravest duties.

The private duty nurse should be, and often is, the best informed woman in the profession. She shares the life, thoughts and conversation, and becomes a member of the family. With every change of patient is brought on a new set of adjustments and in the first day or two on each case must be developed a personality: a difficult trial for the nurse. The family decide in the first few hours whether she is clever or stupid.

Very often the problems are largely a matter of ethics rather than skill or good nursing technique. So look to schools to study the whole question of ethics, and instill in students

that they must realize their responsibilities in personal obligation. A general private duty nurse needs good preparation and great courage, for it is she who gives the impression of nursing to the public: especially in homes, and therefore is the most important of the nursing group. Often it is the kind of **woman** rather than the kind of **nursing** that counts.

The private duty nurse should be a paragon of perfection, in the estimation of many people; and then falls to the criticism and interference of those around her. They forget that nurses are human and even require sleep as they do. But in spite of everything the nurse must, and usually does, her best to please all concerned. There is much to learn and unlearn before a nurse can be successful in the home, experience being the teacher.

On graduating the nurse enters on a new world; she is placed on her own resources and must develop self-confidence. The private duty nurse requires more particularly that education which can only be gained by long and painstaking training in the **art** rather than the **science** of nursing.

The illness of the patient is the most important thing in the world to the family and friends. The nurse will be asked one thousand and one questions: not only about disease, treatment and convalescence, but big questions of the day, so that she must be well-informed and up to date. It is well in the beginning to exhibit ease of manner by intelligent, light conversation.

Statistics tell us that 80 per cent. of all standard nurses are engaged

in private duty work, 12 per cent. in institutional, and 8 per cent. in public health work. It is therefore only reasonable to suppose that there will be more criticisms for the largest group, and especially from the public, with whom the nurses have the greatest contact. I venture to say that, on the whole, and in comparison with our sisters in institutional and public health groups, the private duty nurse individually is not more "talked about" than they.

We are accused of not developing leaders. There is no reason why we should not, for surely there must be potential leaders in so large a group, if they could only be recognized and called upon at times. We feel we are not given opportunities of leadership pertaining to affairs concerning our problems, etc. For instance, this subject was first given to an institutional nurse to present. After much criticism she gave it up and I was asked at the last minute: one who has had years of experience in private duty nursing and should see it from every angle.

The greatest grievance of the private duty nurse today is her long hours of duty. So little time to call her own. Take twelve-hour duty: actually fourteen hours from the time her alarm goes off in the morning until she arrives home at night, weary and ready for bed; day after day and week after week and sometimes month after month. No time for education, recreation or rest, or even time to follow up association and committee work in our profession, that we might become better organized. Then we are called non-progressive, wanting in public spirit.

Night work is still worse—for those who cannot sleep well in day time. There is not an animal in captivity putting in such hours. Yet there are superintendents and hospital officials who are still trying to hold us down to these hours, even when our patients are convalescent—enjoying a book or newspaper—

not co-operating with us but laying down rules and regulations, etc., without any consultation with us: treating professional women as probationers.

The hospital owes twenty-four-hour nursing care to the patients, yet some are not willing to give them two hours in time of convalescence, even when there would be absolutely nothing to do.

Nursing is progressive, like all the arts. Nothing human is final, and the day is not far distant when we will come into our own. Twenty-four-hour duty should be abolished, except on increased fee, for if patients are not sick enough to have night nurses they are well enough to stay alone.

Doctors and hospitals complain that we won't take different duties. It is our loss: though in my opinion the younger graduates should try a little more night duty.

After all we are human beings and cannot be denied free choice in the development of our career. The spirit of specialism which dominates the world today inspires nurse as well as doctor. And why not?

We find however that the nurse who registers for either day or night duty often gets night duty continuously. She should be given some preference and called for a day case occasionally.

Now comes another problem of the private duty nurse: how to save money for her old age. She averages between eight and nine months of duty in the year, one month for unpaid duty to friends or relatives. In the latter case, if she was on a salary either in the profession or in business she would not be called on to do it. She is the only type of nurse whose time can be a real financial loss. It cannot be made up on the next patient, as in the case of the doctor. Over half of private duty nurses are supporting someone.

Cases are becoming shorter, due to advances in surgery, in art and



science: hence forced time off with short cases, also in illness and holidays, for which we often pay.

We realize that we are a luxury for any but the well to do and we cannot lower our fees. We realize also that there will always be seasons of slack times, and seasons, of epidemics. These are unavoidable circumstances. We will always have discontented private duty nurses although, in a sense, leading an independent life.

If the private duty nurse has little hope for fortune she has less for advancement. The older, more experienced nurse does not graduate to higher fees, but remains at the same level in her group, except that she has a larger clientele: nursing in homes and other hospitals besides her own, she is kept more busy. Each nurse should be taking every opportunity to protect her declining years and inability to save, by good investment and insurance. Statistics tell us we are earning forty-one cents an hour for twelve hours, the rural school teacher eighty-one cents an hour, those teaching in cities and towns \$1.00 an hour, labour sixty cents an hour, and tradesmen ninety cents to \$1.25 an hour.

Now you will see why 88 per cent. of public health nurses and 74 per cent. of institutional nurses have left the private duty group for better hours and chance of advanced remuneration.

I think hours and fees should be standardized. I also think we should

have legislation for registering all trained and untrained nurses in the provinces at regulated fees, to protect the public and registered nurse.

Next our problems with our registry: to find after several days waiting that our name has not been put on the register; two nurses arriving for one patient, for the same duty, the doctor and hospital each having called a nurse, or two staff nurses have done so—hospitals calling favourites while others remain on the top of the list. Nurses not called back to their hospital, after being allowed to graduate; fees for alcoholics not allowed for all patients diagnosed as such. Christmas holidays taken by special nurses is a problem much discussed. Sometimes poor food in hospitals and homes where we are called to nurse. Some homes do not plan to give night nurses dinner. These are other problems concerning private duty nursing.

The question of having a nurses' registry in the country is a problem, as nurses flock to the cities.

Hourly and group nursing is another problem.

All these problems I leave for the discussion of the round table on the Problems of the Private Duty Nurse.

(A request was made for copy of the round table discussion following the reading of the foregoing paper, but unfortunately this was not available. Constructive criticism by our readers suitable for publication will be appreciated. — Editor's note.)

### TREASURE HUNTING

From time immemorial people have gone treasure hunting. Sometimes in remote places on the globe, sometimes in second-hand shops at home, sometimes in the bookstalls along the Seine in Paris, and other places queer and quaint. The members of the All-Canadian Party last year were no exception to this rule. Warwick witnessed the first hunt, when the delightful antique shops on the High Street sold many a wide old bracelet, ancient spoon, tiny print, or odd bit of silver. Stratford's jewellery shops yielded a lovely ring of beautiful setting to one of the party. In London such an out-of-the-way place as the Caledonian Market was found to be a mine of wonder for seekers of old spoons, tea sets

and so on. Cluttered, dark-doorwayed shops on small and obscure streets spread treasures musty and lovely before these indefatigable hunters. One nurse carried her treasure in a huge crate, but her effort was well rewarded by the delight of her nephew in the full-rigged ship that she had purchased from an old sailor in Ostende. The queerly named Flea Market of Paris, the Brass Market of Ostende, the lace shops of Belgium, the pottery and picture shops of France, all these are caves and mines of treasure for those who know where to look. Join the All-Canadian Party this year and go on a treasure hunt, stimulating and exciting and full of interest.

## Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,  
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

### *The Necessity of Pre-Natal Work*

By MARGARET DUFFIELD, Superintendent, Victorian Order of Nurses,  
Greater Vancouver

Since reading many of the reports published by the Child Welfare Division of the Federal Department of Health, we are all again confronted with the problem of what can be done to reduce the excessive maternal mortality rate and, though not published, the morbidity rate, for this is surely nearly as serious as the mortality rate.

In a well considered plan to be made for the health of any community, whether congested or widely distributed, the principal motive no doubt should be to teach from the beginning of life, and this means months before the birth of the infant. Yet, this is one of the difficulties which at times appears almost insurmountable in the majority of districts due to the fear of interference from a third party and consequent losing of the patient to her legitimate physician, if such exists.

However, putting aside these objections, pre-natal hygiene is being slowly but surely developed, partly through widely dispersed clinics, partly through the doctors' offices where the patient now goes regularly to her private physician once or twice a month for supervision and advice, and greatly through the Public Health nurse who visits and advises all patients coming under her care regarding this important period of life for mother and infant. But though a beginning has been made, we are still only touching this very important phase of work. One look at the vital statistics of Canada for the years from 1921 to 1926 will prove this from their unchanging, if anything slightly increasing, mater-

nal mortality rate per 1,000 living births. Recently it has been authoritatively stated that we are losing more than four mothers every day and that maternal deaths are more numerous than deaths from any other cause except tuberculosis.

The importance of pre-natal supervision is not yet realized by the general public or even by many of the nurses. Competent pre-natal supervision by doctors and nurses would undoubtedly save many mothers and help to reduce the practically stationary still-birth rate. Such supervision can only become effective when the mothers themselves demand it and appreciate this necessity.

Let us now ask ourselves: What is the object of pre-natal work? The answer to this might be quoted from a famous obstetrician of England:

"Pre-natal work has for its aim the great economic principle of the prevention of waste, for not only do we have to account for the waste of a life and perhaps two, but we also have to take into consideration the waste of time, energy, health and money which has been entailed during this period."

There may also be added to this economic wastefulness permanent harm to the mother's health, for though we all know the maternal mortality rate we have so far only a very slight glimmering of the morbidity resulting from childbirth. One obstetrician who has made a very intensive study of the morbidity rate resulting from the pre-natal and post-natal period has found that forty per cent. of the patients who attend his gynaecological clinic come because of



some post-parturient disease, usually only of a minor nature but at the same time sufficient to produce temporary if not permanent discomfort, or invalidism, or sterility. He says, very aptly, "The only thing that can compensate for the discomfort, expense and danger of childbirth is the birth of a healthy infant—this is the object of pre-natal care."

To understand the necessity for careful pre-natal care we must understand a little about the physiology of pregnancy. This really represents an adjustment of the various functions of the maternal organism which nature alters temporarily to be able to accommodate itself to the body which is growing and developing within. As this is only an emergency alteration on nature's part which disappears on the birth of the child, these changes must in the majority of patients cause some abnormal changes also. It is these symptoms and abnormalities which should be watched and which constitute one of the most valuable aspects of pre-natal care.

Some, and these are the vast majority, expect too much. One physician says:

"They believe that by something magical, in treatment by drugs, diet, rest and general hygienic measures, almost every foetus doomed to death or disease may be made into a healthy infant. Others, who I am glad to say form a very small minority, are convinced that pre-natal care will do positive harm by saving the better dead. It is easy enough to refute such a crude opinion as this, but the fact that it exists should make us all the more careful to be equipped with the facts and figures in our advocacy of pre-natal work."

An ideal situation will be attained in pre-natal work when we have records kept on a standardized system at every large pre-natal clinic. This might well be insisted on by the Federal Department of Health. From the records of pregnancy, both for mother and baby, we should then be able to judge our success in the work.

## *A Travelling Fellowship*

(Following Miss Elia J. Jamieson's return to Toronto she was asked to describe some of her experiences during her study under a Travelling Fellowship from the Rockefeller Foundation. Miss Jamieson is Associate Director of the School Nursing Service of Ontario and has forwarded the following interesting paper.—Editor's note.)

It certainly was a very much appreciated privilege to receive a Travelling Fellowship from the Rockefeller Foundation, and the courtesy and kindness received everywhere will always be a pleasant memory.

My objective was to gain knowledge as to the types and amount of

health education being done in secondary as well as elementary schools.

In visiting centres in Tennessee, Alabama and Virginia, I found that their health work, in the main, was along the same lines as that of Ontario; problems not comparable to Ontario are—"the control of midwives" and "racial differences."

Health teaching in the schools of Alabama and Virginia is being done by the teachers. In Alabama the state board of health and department of education provide summer courses for the teachers in health education; Virginia makes the same

provision for its teachers but also provides a correspondence course for those unable to avail themselves of the summer course. In both of these states, teachers' certificates are not renewed unless the health course has been covered.

The Teachers' Training School at Peabody College, Nashville, Tennessee, provides training in health education for its students, a teacher-nurse being in charge of this part of the work. The school classes are used for demonstration.

It was a matter of keen interest to visit two of the schools for "colored" children, one at Birmingham, Alabama, and the other in Virginia, near Richmond, both staffed by "colored" teachers who were carrying on a regular school programme.

Virginia Randolph was the principal of the "colored" school in Virginia, and proved a most interesting personality. Standing on the porch of one of the newer school buildings, she pointed to a small frame building adjacent and said, "Thirty-seven years ago I started teaching in that little building. The ground about was stony and wet, but I managed to interest the people to have the ground made level; that being done, I asked for twelve trees. I could have had a whole hundred trees, but I wanted only twelve, and when I got them, I named them after the twelve Apostles. Later, when a new building was needed one of the trees had to be taken down, and it was Judas that had to go."

Today there stands continuation school buildings with dormitories and a fairly commodious elementary school where this small beginning was made. At the close of the visit the pupils of the school sang "Spirituelles," which made a happy ending to this interesting experience.

In a rural school of Alabama, which included continuation classes, I was shown a graph made by the

pupils. It represented a survey of conditions in the school, indicating what was favourable and what unfavourable, and all together they were attempting to have the building and surroundings brought up to standard.

New York is a mecca for any one interested in nursing. To see Miss Mary Beard in her own office is a great pleasure; it would require more space than could be allowed to express my appreciation of her thoughtful attention. Here I had an opportunity to meet Miss Jane C. Allen, general director of the National Organization for Public Health Nursing, and her assistants. I also had the privilege of spending part of an evening with Miss Ada M. Carr, editor of *The Public Health Nurse*. Miss Carr was much interested to hear of the inauguration of the "Car Schools" in Northern Ontario and asked to have further information concerning them.

The East Harlem Community Health Nursing Centre and the School Health Bureau of the Metropolitan Life were also visited, and one of the very pleasant experiences was dinner at Henry Street Settlement and an opportunity to shake hands with Miss Lillian Wald.

Going on to Boston, Malden and Newton were visited in both of which the plans for health teaching were found helpful and interesting.

The Director of Public Health Nursing, Simmons' College, and the Forsythe Dental Infirmary were included with the various agencies visited in Boston.

It was an inspiration to come in contact with those who are directing and doing the different types of public health work.

The keen interest and purpose they brought to their own problems provided an incentive to carry on, courageously and hopefully, in the task particularly one's own.



## Book Reviews

**Gynecology For Nurses:** Harry Sturgeon Crossen, M.D.; 281 pages, 365 engravings, including one colour plate. Price, \$2.75. Canadian agents: McInsh & Co., Toronto.

The outstanding feature of this volume lies in the arrangement and classification.

Part I. deals with the Anatomy and physiology of the female pelvic organs, and Part II. with operative and nursing care. In this way it is simple, clear and comprehensive, and would be an asset to instructors in gynecology nursing.

The writer takes nothing for granted in the reader's knowledge of the subject, and his explanations of technical terms through the whole volume makes it particularly helpful to the young, interested student as well as the experienced worker.

In Part II. the author gives in detail the preparation of the operating and anaesthetic rooms.

It is essentially a nursing text-book. The writer brings that point home by careful references to the patient during anaesthesia, preparation for examination.

It is profusely and carefully illustrated. Diagrams and plates are so arranged as to be of inestimable value as a text and reference book on gynecology.

—Grace M. Fairley.

**Principles of Solution and Dosage,** by Ann Blumenthal, R.N., educational director, training school, Pacific Hospital, Los Angeles; published by The Macmillans in Canada, Toronto. Price, \$1.75.

This would be a very helpful text book for the average student, especially in the review of arithmetic and in those schools in which the proportion method is used for the solving of problems in the preparation of solutions. A reference book in conjunction with this would be necessary, however, for the study of the commoner disinfectants, antiseptics, etc., which are taken up in this course as a basis for the further study of *Materia Medica* and *Therapeutics*.

—A. F. Lawrie.

**Feeding the Child from Two to Six,** by Mary Frances Hartly Barnes; published by The Macmillans in Canada, Toronto. Price, \$2.75.

This is a splendid book. It is common sense simply and scientifically expressed. Children are like so much clay in the hands of their guardians. They are quite incapable of choosing what they shall eat, etc.—that naturally falls to the lot of those older and wiser than they. This duty too frequently is not realized. If the directions in this book were followed, pediatricians would have much less to do. Economy is the law of reason, and health

is too precious a possession for anyone to part with. Miss Barnes and those who have worked to compile this book have done a tremendous service to blundering mankind.

—E. Murray.

**Foundations of Nutrition,** by Mary Swartz Rose, Professor of Nutrition, Teachers' College. Published by The Macmillans in Canada, Toronto. Price, \$3.00.

Mrs. Rose's book is admirably suited to the needs of the student of nutrition. It is more or less a supplement to the author's earlier work "Feeding the Family."

The aim is clear throughout, and as the reader continues each chapter seems a step nearer the goal, veritable building stones towards the end in view. They keynote of the sequence of the chapters is unity. Their order is very logical and hence gives a connected idea of the subject.

Mrs. Rose acquires emphasis not only with summaries in each chapter, but also by means of an excellent appendix.

The style is easy and free and the author catches and holds the attention of the reader. The subject matter is technical without being confusing, and the scientific terms are so well explained by every-day examples that even the most cursory reader could derive much information.

The book is of an ordinary size, not so big as to be cumbersome and yet large enough to allow a good sized, clear, round print. The illustration are many and are very clear. The graphs and charts are well explained and are interesting and instructive.

The references cited are very reliable. They include most of the scientific authorities on the subject. The knowledge is recent and embraces the latest nutritional investigations.

—Emma C. Odell, B.A., B.H.S.

**Cultivating the Child's Appetite,** by Charles Anderson Aldrich, M.D.; published by The Macmillans in Canada.

This book contains much useful information about the various factors which affect the child's appetite. In the opening chapters the author deals with the physiology of appetite and hunger. The greater part of the book is concerned with the psychological factors influencing the appetite and the practical application of these factors in the treatment of children suffering from lack of appetite. The author's views are generally quite conservative. The book is written in a lucid and entertaining manner and can be well recommended to the nurse, parent and physician.

—F. Tisdall, M.D.

## News Notes

### ALBERTA

**Calgary:** Nearly 400 guests thronged Al Azhar Temple on the evening of February 14th, and enjoyed the Graduate Nurses' dance. Red and white decorations predominated and a good orchestra provided lively music. The reception committee included Miss Aske, Miss von Gruenegan, Miss Kelly and Miss McSkimming, while Miss Foerstel, Miss A. Casey and Mrs. Ramsey had charge of the refreshments.

Miss Palmer has accepted a position on the Brett Hospital staff, Banff.

Mrs. J. Bowlen is on the staff of the Indian Hospital, Sarcee Reserve.

Miss Effie Johnson has accepted a position in the Laboratory at the General Hospital.

Miss Yeo, who recently underwent an operation for appendicitis, has recovered satisfactorily.

Miss Tarrant, corresponding secretary, and Miss Lyndon, recording secretary of the Calgary Association of Graduate Nurses, have been ill for some weeks. Their many friends wish them a speedy recovery. They have been much missed in the Association.

**Edmonton:** Miss Doris Walker (Royal Alexandra Hospital, Edmonton) has accepted a position with the local branch of Victorian Order of Nurses.

As the date of graduation draws near social functions of various kinds are the order of the day. First of these was the dinner and dance given by the intermediate class of the Royal Alexandra Hospital in honour of the graduating seniors, in the Nurses' Home on February 17th. The table was artistically decorated with the colours of the school and arranged in the shape of a Maltese cross.

On March 3rd Mrs. H. R. Smith entertained the graduating class, the officers of the school and the doctors' wives at a most enjoyable At Home.

Miss Hazel Dean (1926) leaves shortly to take post-graduate work in obstetrics at the Royal Victoria Hospital, Montreal.

### BRITISH COLUMBIA

At the recent examinations held in Vancouver for certificate of Registered Nurse, thirty-two candidates wrote full papers and two wrote supplementals.

The following names are given in order of merit:—

Honours (80% and over):—Miss M. G. Laird, Vancouver General Hospital.

First-Class (70-80%):—Miss M. W. Abbott, Nicola Valley General Hospital, Merritt, B.C.; Miss V. Swencisky, Vancouver General Hospital; Misses C. E.

McAllister, C. L. Gibbard, K. Aberhart, G. Wade, L. A. Rogers, E. McClellan, A. N. Swift, I. M. Ildstad, P. Pieron, E. Hillis.

Second-Class (60-70%):—Misses F. Jones, V. Gilley, M. Smithenry, M. S. Havens, R. Peel, M. Milligan.

Passed:—Misses D. Adams, M. Woolsey (equal), Misses V. Whitehurst, W. L. Sheepwash, E. McDonald, E. Dixon.

Passed Supplemental:—Miss A. F. May.

Passed with supplemental examinations to write:—Misses C. Hardie, A. Horner, R. E. Johnson, K. I. Kipp, F. Ruttan, F. Simpson.

**Victoria:** The annual meeting of the Victoria Graduate Nurses Association was held on February 7th. Reports were read and the work of the year reviewed by the various committees. The treasurer reported a balance in the bank when all bills were paid.

Miss Ethel Morrison retired from the presidency after seven years of very devoted service. In recognition of her service Miss Morrison was presented with a pair of dainty silver candle sticks and a bouquet of carnations by Miss Gregory-Allen, who, on behalf of the Association, expressed in a few well chosen words their appreciation of Miss Morrison's unfailing service, reviewing briefly the work that had been done during her régime.

The following officers were elected for 1928: President, Miss Edith Franks; first vice-president, Mrs. Thorpe; second vice-president, Miss Harriet O'Brien; treasurer, Miss Gregory-Allen; secretary, Miss Martha McBride; registrar, Miss Emily O'Brien; treasurer, sick benefit, Miss Meta Hodge.

Afterwards dainty refreshments were served and a pleasant hour spent in social intercourse.

### MANITOBA

The joint annual meeting of the Manitoba Hospital Association and Manitoba Association of Graduate Nurses was held in the Royal Alexandra Hotel, January 26th-27th. This joint meeting was an innovation which justified itself, all meetings being well attended and full of interest. The M.A.G.N. felt both honoured and helped by the presence at this annual meeting of Miss Mary E. Gladwin, superintendent of St. Mary's Hospital, Minneapolis, Minn., and formerly supervisor of training schools for the State of Minnesota. It was Miss Gladwin's second visit and each time she has brought fresh inspiration and help. Her kind, genial manner as well as her talks made the meeting one of vital interest and importance.



**Winnipeg General Hospital:** Mrs. James Stewart (K. Rooney, 1911) gave a silver tea at her home, 484 Wellington Crescent, to the Alumnae members and their friends, in aid of the fund for maintaining a native nurse in India.

Miss Olive Coad (1910) has returned to Manitoba after a year spent in California and Vancouver.

Miss T. Anderson (1921), of Ninette, spent a holiday in the city during February.

Friends of Miss S. Pollexfen (1917) and of Miss O. Brown (1921) will be sorry to learn they are both patients in the hospital.

**V.O.N.:** Miss Frances Killen (Grace Maternity Hospital) is with the local branch.

Miss Isabelle Ramsay (Children's Hospital, Winnipeg) is doing relief work for the local branch of the Order.

**Brandon:** The February meeting of the Brandon G.N.A. was held at the home of Mrs. Renwick. Miss Christina Macleod gave a very comprehensive report of the M.A.G.N. convention held recently in Winnipeg. A reading and several instrumental numbers by Misses M. Finlayson and Dallas were much enjoyed.

On March 6th the nurses of the Brandon Hospital for Mental Diseases entertained the Association. Dr. George Davidson gave an instructive address on the problem of the drug addict. At the close of the business session a very pleasant social hour was spent.

**St. Boniface Hospital:** On February 29th His Honour Lieutenant-Governor Burrows officially opened the new Nurses' Residence. Others who took part in the ceremony were Archbishop Beliveau and Dr. E. W. Montgomery (Minister of Health for Manitoba), representing Premier Bracken, who was unable to attend. Dr. E. J. Boardman acted as chairman. The following afternoon the residence was open to the public and numbers of interested friends of the hospital and nurses availed themselves of this opportunity to visit the residence.

The new building provides space and modern equipment for the teaching of student nurses, as well as large, comfortably furnished reception and living rooms, dining rooms and individual bedrooms for the entire nursing staff.

## NEW BRUNSWICK

**St. John:** At the regular meeting of the St. John Chapter of N.B.A.R.N., Dr. Chipman gave a very interesting lecture on Serious Conditions, following the business sessions. A hearty vote of thanks was tendered to Dr. Chipman. Refresh-

ments were served and a social hour enjoyed. Attendance was good.

**St. Stephen:** The regular meeting of the St. Stephen branch of the R.N.A.N.B., held on February 23rd, was well attended. Dr. W. E. Gray gave an instructive address and demonstration on the Dick Test, after which a social hour was enjoyed. The pupil nurses were guests.

**Chipman Memorial Hospital:** Misses Gertrude Hughes and Jennie Sinclair are taking a post-graduate course at the New York Lying-in Hospital, and Miss Helen Boone is visiting friends in New York.

Miss Edna Harvey has returned from Ste. Agathe, P.Q., and is doing private duty nursing.

## NOVA SCOTIA

**Halifax:** The annual meeting of the R.N.A.N.S. is to be held on June 5th, 1928, at Yarmouth, N.S.

At the regular meeting of the Halifax branch of the R.N.A.N.S. held at the Dalhousie Public Health Clinic on February 10th, Miss Elizabeth Smellie, chief superintendent of the V.O.N. of Canada, gave a very interesting report of the Interim Conference, I.C.N., Geneva, July, 1927. Following the meeting a social hour was enjoyed and refreshments served.

Miss M. F. Campbell, district superintendent of the Halifax branch, V.O.N., has returned from several months special study with the Rockefeller Institute in the United States.

Miss Alice Johnson is doing private duty nursing in Brookline, Mass.

The graduation exercises of the Halifax Infirmary were held on January 31st. Nurses receiving diplomas were: Misses Annie Ryan, Margaret Walsh, Margaret Corbett and Margaret Quinn.

Miss Lulu MacKintosh has succeeded Miss E. O. R. Brown as director of Red Cross Home Nursing Classes in Nova Scotia. Miss Brown has succeeded Miss Flora C. Liggett as director of Junior Red Cross of Nova Scotia.

Miss Marjorie E. Treffry, M.H.H., 1919, Dalhousie Public Health, 1922, for the past three years a member of the Massachusetts-Halifax Health Commission, has accepted the position of industrial nurse at Moir's Limited, Halifax.

Misses Lillian Stevens and Gladys MacCall, of Hantsport, graduates of the Corporation Hospital, Lowell, Mass., 1917, are at present doing private duty nursing at Homewood, Penn., and Lowell, Mass.

**Yarmouth:** Miss Margaret Merriam (Yarmouth Hospital) is in charge of the V.O.N. local branch.

## ONTARIO

Paid-up subscriptions to The Canadian Nurse for Ontario in March were 1,314, an increase of 16 over previous month.

**Appointments.**

Miss Mabel MacMillan (Toronto Western Hospital, 1926), appointed instructor of Home Nursing Classes throughout Ontario, under the auspices of the Department of Agriculture.

Miss S. Jamieson (Jeffery Hale Hospital, Quebec), formerly instructress at the Brantford General Hospital, appointed superintendent at the Galt General Hospital.

Miss Mabel Blanchard (Toronto Western Hospital, 1927), as assistant operating room supervisor in Tarrytown Hospital, N.Y.

Miss Lucie Hummell (Cornwall General Hospital), to the staff at the Royal Ottawa Sanatorium, Ottawa.

Miss Gertrude Fleming (Hospital for Sick Children, Toronto, 1926), as superintendent of the Shriners' Hospital for Crippled Children, Springfield, Mass.

Miss Joan McLaren (Hospital for Sick Children, Toronto, 1927), as night supervisor, Halifax Children's Hospital.

Miss Violet Merritt (Ottawa Civic Hospital, 1927) and Miss Myrtle Anderson (Ottawa Civic Hospital, 1925), to the staff (floor duty) at the Royal Ottawa Sanatorium.

Miss Sybil Everitt (Ottawa Civic Hospital), to Cornwall District of the Victorian Order on completion of a special course of training in Montreal.

Miss Lily N. Gray (Montreal General Hospital) superintendent of the Belleville District of the Victorian Order.

Miss Edna Matheson (Queen Victoria Memorial Hospital, North Bay), superintendent of the Carleton Place District of the Victorian Order. Formerly with the Ottawa District.

Miss Eleanor McPherson (Toronto General Hospital, 1925), staff of the Rockefeller Hospital, New York.

Miss Anne Graham (Toronto General Hospital, 1927), charge of the maternity wing, General Hospital, Moose Jaw.

Miss Gladys Gould (Toronto General Hospital, 1927), staff of the Delaware Hospital, Wilmington, Delaware.

Miss Ruth Young (Toronto General Hospital, 1924), resigned from the staff of the Rockefeller Hospital and in charge of an operating room at the General Hospital, Rochester, N.Y.

Miss Gertrude Hill (Toronto General Hospital, 1927), staff of the Reconstruction Hospital, New York City.

Miss Marguerite Malone (Toronto General Hospital, 1926), charge of the first floor, Private Patients' Pavilion, succeeding Miss Mildred Armstrong, resigned.

## DISTRICT 2

**Brantford General Hospital:** At the March meeting of the Alumnae Association Dr. Jennings gave a very interesting lecture on Physio-Therapy.

The Alumnae Association were hostesses to the members of the Florence Nightingale Association at the Nurses' Residence, General Hospital, when a most delightful evening was spent. Members of the programme committee were: Misses E. M. McKee, Jessie M. Wilson, K. Charnley, Dora Arnold and Aileen Mair. Bridge and euchre were played during the evening.

**Kitchener:** The February meeting of the Kitchener and Waterloo Nurses Associations was held at the Nurses' Residence of the Freeport Sanatorium, when a very interesting lecture was given by Miss A. M. Forrest, London, Ontario, on the nursing of tuberculosis.

## DISTRICT 5

**Toronto:** Miss Claudia P. Eckert has resigned from the Department of Public Health in Toronto to be married. In April, 1927, Miss Eckert was elected chairman of the nurses' council of that department and has been released regretfully from that office by the public health nurses. Her department duties included hospital social service at the Chest Clinic of the Toronto General Hospital. Her last day on duty there was the occasion for a presentation by the clinic physicians and a bride's party arranged by the nurses of the Social Service Department of the Toronto General Hospital, to which the social service nurses from the Hospital for Sick Children were also invited.

**Toronto Western Hospital:** Miss Minnie Misner, 1910, has been awarded a Fellowship from the British College of Nursing, and will study public health work in England for three months. Miss Misner has been on the staff of the Ontario Provincial Health Department.

Miss Mary Ogilvie, 1918, has returned to Toronto from Thessalon, Ont., where she was in charge of a Red Cross Hospital for two and a half years.

On February 13th the Alumnae held a very successful bridge, the sum of \$200 being realized.

**Toronto General Hospital:** The March meeting of the Alumnae was held in the Nurses' Residence on Wednesday, the seventh. Before discussion of the business of the meeting, Miss Jean Browne spoke of the great loss the nursing profession had suffered in the death of Baroness Mannerheim, after which the members paid tribute to her memory by observing two minutes' silence. The treasurer's report included a budget system for 1928, which was adopted. It will be interesting to note how the new plan will work out.



On February 27th Dr. A. H. Ralph gave a most interesting and instructive lecture on the thymus gland, in the medical lecture room of the hospital. The lecture was the first of a short series arranged by the programme committee.

On Friday, February 10th, the Association held a Valentine Dance in Jenkins' Art Galleries. Miss Kathleen Russell (president) was assisted in receiving the guests by Mesdames G. Howard Ferguson, E. A. Gray, C. J. Decker and Miss Gunn. The rooms were attractively decorated with the school colours, and red and white balloons. At midnight supper was served at small tables effectively arranged with valentine favours. Jardine's Orchestra furnished the very excellent music.

Mrs. Florence Clark held a delightful At Home recently for Mrs. William Morrison (Winnifred Allen, 1922), of Listowel, which was largely attended by her many hospital friends.

Miss Dorothy Hopkins (1925), Department of School Hygiene, North Battleford, won first prize in the Essay contest recently arranged by the Local Council of Women, Regina. This contest was open to all nurses registered in Saskatchewan. The subject of the essay was Maternal Mortality.

**Hospital for Sick Children:** A very delightful Valentine Tea was given by the Alumnae on February 14th, in the reception room of the residence. The guests were received by Mrs. Langford, president, and Miss Panton, superintendent of the Training School. Tea was poured by Mrs. Clutterbuck from a table gay with candles and Valentine favours. Many graduates came and went during the afternoon, enjoying a chat with old friends.

The first lecture of the Alumnae series was held on March 5th, in the lecture theatre of the hospital and was largely attended by the members of the Alumnae and of the Public Health Course. The speakers of the evening were Dr. Dixon, who spoke on Skin Diseases; Dr. Wishart, on Lipidol as an aid to Diagnosis, and Dr. Tisdall, on Deficiency Diseases. These lectures were delivered by the aid of lantern slides and were especially interesting. The executive of the Alumnae is to be congratulated on the very excellent lectures which are to continue throughout March.

Miss Panton, superintendent of the Hospital for Sick Children, sails with her sister on April 5th for a trip abroad.

#### DISTRICT 6

**Lindsay:** Miss L. M. Morrison, former assistant superintendent of Belleville General Hospital, attended the opening drawing room and reception at Government House, Ottawa.

#### DISTRICT 7

**Smith's Falls:** The Graduate Nurses Association of Smith's Falls have adopted a twelve-hour day for special duty nurses in the local hospital, in co-operation with Miss McMillen, the superintendent of the Public Hospital. The proposal met with a certain amount of criticism and opposition but the nurses are well-pleased with the result of their efforts. In gratitude to Miss McMillen for her help and co-operation the Association raised funds, by means of small social events, for the purchase of an adult Chase Mannikin for presentation to the training school.

#### DISTRICT 8

The annual meeting of District No. 8 was held February 13th in the lecture room of the Royal Ottawa Sanatorium. Over two hundred nurses were in attendance, and evinced keen interest in the splendid programme arranged for the occasion.

All the officers were re-elected as follows: Chairman, Miss Gertrude Garvin; vice-chairman, Miss Gertrude Bennett; secretary-treasurer, Mrs. C. L. Devitt; councillors, Misses Maxwell, S. Nevins, Jackson, May, Whiting (Cornwall), and McGibbon.

Miss Bennett outlined plans for the commencement of a fund which will be established this year for the purpose of assisting the National Association in entertaining the International Council of Nurses which meets in Montreal in 1929.

Mr. John Bain, of the Trustee Board of the Ottawa Civic Hospital, and an expert in the realm of finance, addressed the nurses on the timely subject of "Money and Investments." His remarks, practical and to the point, were punctuated with humour, and contained much sound advice, strongly backed by wisdom and years of experience.

Dr. Carmichael, medical superintendent of the Royal Ottawa Sanatorium, explained the nature and extent of lesions pictured in a number of chest plates, and gave some interesting facts and figures about the sanatorium which is now equipped to give splendid service to Ottawa. One long-felt need, that of having a trained worker to investigate incipient cases in the home and link them up with facilities for early treatment, was about to be realized through the successful result of the sale of Christmas seals.

Dr. Carmichael regretted the fact that graduate nurses so seldom evince willingness to care for a tuberculosis patient, on the grounds of liability to infection. He pointed out that, with the modern knowledge of methods of control, infection is even less likely to occur than in pneumonia, influenza, erysipelas or other in-

fectious diseases. He called to mind the fact that in twenty-five years at the Trudeau Sanatorium, at Saranac Lake, not one nurse had contracted tuberculosis who had not already been infected prior to entering the sanatorium.

Demonstration of artificial pneumothorax was given by Dr. Lehman, after which a tour was made of the buildings. Of these, the new Whitney building and the Preventorium, opened last year, and made possible by the generosity of the Red Cross and the Laurentian Chapter, I.O.D.E., are probably the most interesting.

**Ottawa General Hospital:** The Nurses Alumnae gave a most successful tea and money shower at the home of Miss Florence Nevins on St. Valentine's Day. The tea table was presided over by Misses I. McElroy and O'Brien, Mrs. Willeshy and Mrs. Belanger.

**Ottawa Civic Hospital:** Miss Margaret Hanna (Civic Hospital, 1924) has been awarded a scholarship and is taking four months' operating room work at the New York Post Graduate Hospital. On completion of this course Miss Hanna will return to her position in the operating room at Ottawa Civic Hospital.

Miss Marguerite McCallum (Civic Hospital 1926) has completed her post graduate work at the Boston Lying-In Hospital, and has accepted the position of night supervisor of that institution.

Miss Sybil Everitt (Civic Hospital) has completed the special training (four months) with the Victorian Order of Nurses, Montreal.

#### DISTRICT 9

**Parry Sound:** The graduation exercises of the Stone Memorial Hospital took place in the parlours of the hospital on November 7th, 1927, when Miss Alberta Gingrich, of Hespeler, Ont., and Miss Mary Jacobs, Shillington, Ont., received diplomas. After the exercises the nurses enjoyed a sumptuous dinner given in their honour by Dr. K. A. Denholm. Miss Gingrich and Miss Jacobs have accepted positions on the staff of the Stone Memorial Hospital as day and night supervisor, respectively.

#### PRINCE EDWARD ISLAND

**Charlottetown:** The P.E.I. Hospital has affiliated with the St. John's County Hospital, the pupil nurses going there for a three months' course. The first class entered in April.

Mrs. Gilbert Gaudet entertained the nurses of the Charlottetown Hospital to a pre-Lenten dance at her beautiful home. Dancing was indulged in until midnight, after which refreshments were served and everyone did justice to the good things provided. All bade their hostess good-night feeling they had spent a very enjoyable evening.

#### QUEBEC MONTREAL

**Western Hospital:** The annual meeting of the Alumnae was held in the Nurses' Home on Monday, February 6th, 1928, when the officers for the ensuing year were elected and other business transacted.

Miss Emily Crossley has accepted the position as x-ray technician at the Woman's General Hospital, Westmount, P.Q.

Miss Marjory MacFarlane sailed from New York on February 25th for the West Indies, where she will spend some time.

Miss Helen Rankin was in Montreal for a few days at the beginning of March.

The sincere sympathy of the Alumnae is extended to Mrs. Douglas Thomson (Edith Hooper, 1925) in the loss of her mother; to Miss Mabel Hooper in the loss of her father; and to Mrs. C. Bradshaw (Lydia McCleverty) in the loss of her husband.

**Montreal General Hospital:** At the annual meeting of the M.G.H. Alumnae in January, interesting reports were read, especially the sick benefit report, with \$13,600 in the treasury, after paying out over \$2,100 for sick nurses during 1927: hospital treatment, \$1,770; home illnesses, \$255, and flowers, \$83.

Miss Henrietta Dunlop resigned as convener of the sick benefit fund after 13 years in office, and Miss Ruth Stericker resigned as treasurer of the Alumnae after five years' service. Their work was much appreciated, and acknowledged by a hearty vote of thanks. Miss Isabel Davies has taken charge of both duties.

At the February meeting of the Alumnae, a social bridge was held, when a very pleasant evening was spent.

At the March meeting Pitman Tours showed many pictures on the screen of all the different countries where they conduct tours. These proved of great interest to the audience.

Mr. and Mrs. E. J. Lyons (Anna MacKay, 1921) are on a visit to Bermuda.

Miss Janey Hayes, 1927, has accepted a position on staff of Shriners' Hospital, Springfield, Mass.

Miss M. M. Pharaoh is at present nursing her father, who is seriously ill, at his home in Ontario.

Miss Lilly N. Gray is in charge of the V.O.N. branch at Belleville, Ont.

Mr. and Mrs. Lambert (Margaret Burns, 1924), of Melbourne, P.Q., have sailed for a short stay in England.

Mrs. Whittall (N. Clayton) recently entertained many of her friends among the nurses to tea at her home in Westmount.

The engagement is announced of Mrs. Mabel F. McRae, 1924, to Mr. Ernest R.



McCallum. Owen Sound, Ont. The wedding is to take place in June.

Miss Katherine Stewart, who has been away for over a year at her home in Renfrew, Ont., has returned to do private nursing in Montreal.

Miss Edith Lockwood, 1926, who has been engaged in private duty nursing in Montreal since graduation, is now on an extended visit to her sister in Saskatoon, Sask.

The annual dance at the M.G.H. Nurses' Home on the evening of St. Valentine's Day, given by the superintendent of nurses, Miss Holt, and the nursing staff, to over two hundred guests, proved a great success.

Miss Mabel K. Holt attended the conference on University Courses in Nursing, held under the auspices of the Department of Education, at Columbia University, New York City.

Miss Christina Watling has been appointed by the Provincial Executive Committee as convener of the Private Duty Section of the Province of Quebec, and Miss C. V. Barret elected to the Board of Management of the Association of Registered Nurses of the Province of Quebec for two-years term.

Misses Winnifred Cook, 1924, and Katherine Mills, 1928, have been engaged on the teaching staff of the Jubilee Hospital, Victoria, B.C. The former filled the same position at the M.G.H. last year.

Sympathy of the members is extended to Misses Nora Tedford, Myrtle Stevens and Mrs. R. McNutt (nee Annie Stevens) in the loss of their father; and Miss Mildred Affleck, her brother; and Miss McIsaacs, her mother.

**Royal Victoria Hospital:** Miss Ada Byfield, 1898, who spent the last few months in Cuba, has returned to Spring Lake, N.J.

The Misses E. Rogers and M. MacLimont, 1927, are nursing at the Rockefeller Institute, New York.

Miss Lena Campbell, superintendent of the Miramichi Hospital, Newcastle, N.B., for the past few years, has resigned.

Miss Mildred Chambers, 1925, V.O.N., Carleton Place, has been transferred to London Ont.

Misses A. McCombs and Doris Burns, 1925, are doing private duty nursing in New York City.

Miss Vida O'Dell, 1922, is in the Social Service Department of the Royal Victoria Hospital.

Miss Vivian Ross, 1910, of Sydney, N.S., is spending the winter in Montreal.

Mrs. Stanley and Miss Fetter have returned after visiting Miss M. A. Prescott, Loretteville, P.Q.

Miss Harriet Drake, 1907, who has spent the last two years abroad, is at

present in Montreal visiting her sister, Mrs. Duggan.

Dr. and Mrs. Ackerman (Dorothy Huestis, 1924) are now residing in Montreal.

Mr. and Mrs. Ray Taylor (Louise Ingraham, 1924) have returned to Montreal after spending several months in London, England.

The deepest sympathy of the Alumnae is extended to Miss Helen Baynes, 1902, in the loss of her mother.

**Sherbrooke:** The annual meeting of the Eastern Townships Graduate Nurses Association was held on January 12th at the residence of Mrs. George MacKinnon. Officers for 1928 were elected and other business transacted.

Miss Etta Buchanan is now convalescent, after a rather painful accident to her knee through falling on the ice.

Miss Gladys Van has been ill and in the hospital for some weeks.

The many friends of Miss Doris Stevens will be glad to learn that her mother is now convalescing from her long illness.

Misses Verna Beane, Olive Harvey, Caroline Marceau and Grace Hyslop have accepted positions in a hospital at Providence, R.I.

Miss Clara Humphries (Queen Victoria Memorial Hospital, North Bay) has accepted a position as staff nurse with the Sherbrooke Victorian Order.

## C.A.M.N.S.

**Winnipeg:** The annual meeting of the Nursing Sisters' Club was held in the Red Cross rooms on Friday, February 24th. The reports of the committees were read, showing the activities of the Club during the year. The treasurer reported the Club to be in good financial standing. The memorial committee reported that a wreath had been placed at the Cross of Sacrifice, Brookside Cemetery, on Decoration Day, and one at the Next of Kin Monument in memory of the fourteen nursing sisters who gave up their lives when the Llandoverly Castle was sunk on June 28th, 1918. A report was read from the Poppy Day Committee, thanking the club team, under the leadership of Mrs. Gordon Cooper (nee Janet Smith), for their splendid co-operation and assistance in selling poppies on November 11th, 1927.

The following officers were elected for the ensuing year: President, Miss E. Hudson; vice-president, Miss McGillvary; secretary, Miss G. Billyard; treasurer, Miss Letellier; conveners of committees: social committee, Mrs. Sanderson; sick visiting committee, Mrs. McLeod; memorial committee, Miss E. Stuart; press

and publicity. Miss I. Barton; membership committee, Miss M. Simpson; extra members of executive: Mrs. G. Cooper, Miss J. Roberts, Miss Mamie Johnston.

Miss Janet McClung, who has been doing private nursing in Winnipeg for some time, has accepted a position in the office of Drs. Gunn, Creighton and McKay.

Dr. and Mrs. Coppinger (nee Florence Stidson) have moved to Winnipeg, where Dr. Coppinger is attached to one of the hospitals.

The many Winnipeg friends of Mrs. Herman Mawhinney (nee Olive Mac-Intosh), who is now residing in Montreal, will be sorry to hear she has been called to Boston owing to the serious illness of her mother.

**Montreal:** The sixth annual meeting of the Montreal Association of Overseas Nurses was held at the Forum Building, with Mrs. S. Ramsey in the chair. The minutes of the last meeting were read and adopted. Reports of the various committees may be summed up as follows:—Ten new members enrolled; sick and visiting committee very active with flowers and good cheer for the sisters who were ill. As in former years, the Association placed a wreath on the Cenotaph on Armistice Day. Officers elected for the ensuing year are: President, Mrs. Stewart Ramsey (re-elected); vice-president, Mrs. F. A. C. Scrimger; secretary, Mrs. W. N. Petch; treasurer, Miss B. Moores; last post, Miss C. Nixon; sick and visiting committee, Miss M. Ross; executive committee, Mrs. H. Routh, Misses B. Kay, H. Ross, N. Enright, M. Urquhart and W. Raynor. The programme for the May meeting was discussed and it was suggested that an officer from the Canadian Legion be asked to address the club on the aims and objects of the Legion. The secretary was requested to communicate with all Overseas Nurses Clubs with the object of forming an All Canada Association.

The following letter has been sent to the Editor with a request for publication:

**To the Associations of Overseas Nursing Sisters:**

At the annual meeting of the Montreal Association of Overseas Nursing Sisters the following resolution was unanimously adopted: Resolved that this Association communicate with similar Associations throughout Canada in order to find out their feelings in regard to the formation of an All-Canada Association of Overseas Nursing Sisters.

The Montreal Association has succeeded so well in keeping the nursing sisters of this Province in touch with one another and in preserving the old war time feeling of comradeship that we feel that the same objects can be obtained on a larger scale by the affiliation of the various Overseas Nursing Sisters Associations throughout Canada.

The proposal would be to start in a very simple way.

1. Elect a central executive.
2. Arrange for publication of all Overseas Nursing Sisters' names in The Canadian Nurse.
3. Compile a directory of all Overseas Nursing Sisters. This directory would be made easily accessible to all visiting members in each centre and could be left at the Nurses' Club or Registry Office.
4. Information in regard to the foregoing would be circulated to all the members and they would be encouraged to avail themselves of the opportunity offered to look up their old friends.

Later on a more ambitious programme for the Association could be developed, but it is considered that even the above mentioned modest beginning is very much worth while.

In your reply to this letter we would be very much obliged if you will give us some idea of your own activities. If you approve of an All-Canada Association would you kindly offer any suggestion which you may have in regard to it?

We are looking forward to renewing many pleasant comradeships.—Yours very sincerely,

(Signed) Juliette P. Ramsay,  
President.  
Eleanor E. Petch,  
Secretary.

Secretary's address:  
396 Olivier Avenue,  
Westmount, P.Q.

Copies of photographs taken at the dedication of the Memorial to Canadian Nurses and a programme of the unveiling ceremony have been placed in the Imperial War Museum, South Kensington, London. This has been done in compliance with a request from the Secretary of the Museum and acknowledgment has been made on behalf of the Prince of Wales as President of the Board of Trustees of the Museum.

A copy of Mr. Maw's etching of the Memorial has been donated to the Art Gallery of Toronto in response to a request which was forwarded to the memorial committee.



## BIRTHS, MARRIAGES, AND DEATHS

## BIRTHS

- BADGLEY—On December 25th, 1927, at Toronto, Ont., to Mr. and Mrs. Percy Badgley (Aletha Crothers, Medicine Hat General Hospital, 1922), a daughter (Doris Elizabeth).
- BOA—On December 8th, 1927, at Montreal, to Mr. and Mrs. A. Stewart Boa (N/S Beer, No. 1 Canadian General Hospital), a son (John Andrew).
- BOYCE—On February 24th, 1928, to Dr. and Mrs. J. Clifford Boyce (K. Barnes, Western Hospital, Montreal), a daughter.
- BUCHANAN—On November 16th, 1927, at Toronto, to Mr. and Mrs. W. B. Buchanan (Alma Henderson, Toronto Western Hospital), a daughter (Ruth Marion).
- CLAZIE—On February 1st, 1928, at Ford City, Ont., to Mr and Mrs. Jack Clazie (Frances May, Toronto Western Hospital, 1923), a son.
- HAMBLY—On December 9th, 1927, to Mr. and Mrs. Frank Hambly (Edith Black, Western Hospital, Montreal), a daughter.
- HAMMOND—On February 18th, 1928, to Mr. and Mrs. J. H. Hammond (Norah Gordon, Toronto General Hospital, 1926), a daughter.
- HILLIKER—On February 17th, 1928, to Dr. and Mrs. A. E. Hilliker (Kathleen Keyes, Toronto General Hospital, 1920), a son.
- McFARLANE—On February 18th, 1928, to Dr. and Mrs. McFarlane (Marguerite Walker, Hospital for Sick Children, Toronto), a son.
- McLEOD—In March, 1928, at Brockton, Mass., to Dr. and Mrs. Ralph McLeod (Estelle Smellie, Montreal General Hospital, 1923), a son.
- PARKER—On February 17th, 1928, to Mr. and Mrs. G. W. Parker, of Norwood, Man., a daughter (Patricia Ruth).
- READ—In January, 1928, at London, Ont., to Dr. and Mrs. A. J. Read (Kathleen Hyatt, Victoria Hospital, London, 1924), a son (Robert Wallace).
- SCHRAM—On December 19th, 1927, at Boston, Mass., to Mr. and Mrs. Lloyd Schram (L. M. Stinson, Montreal General Hospital, 1924), a son.
- SMITHERS—Recently, in New York City, to Mr. and Mrs. C. Smithers (Evelyn Lewis, Toronto General Hospital, 1923), a daughter.
- VANSTONE—In January, 1928, at London, Ont., to Mr. and Mrs. Harry Vanstone (Maizie Brickendan, Victoria Hospital, London, 1923), a daughter.

## MARRIAGES

- BOGUE—SPENCER—On March 3rd, 1928, at Kingston, Ont., Phyllis Muriel Spencer (Royal Victoria Hospital, 1927) to Jackson de la Cour Bogue. At home—Montreal, P.Q.
- CADENHEAD—LEY-KING — On February 18th, 1928, at Sault Ste. Marie, Loveday Frances Ley-King (Toronto General Hospital, 1921), to Nelson Keefer Cadenhead. At Home—Toronto.
- CURRIE—MACKENZIE— On March 10th, 1928, at Charlottetown, P.E.I., Janie Mackenzie (P.E.I. Hospital, 1926), to Vernon P. Currie.
- GOUTHRO—VAUGHAN — On January 10th, 1928, at North Sydney, N.S., Emma Vaughan (Victoria General Hospital), to Dr. Alexander C. Gouthro, of Little Bras d'Or.
- LYONS—ECKERT—On February 21st, 1928, at Toronto, Claudia Pearl Eckert (Toronto General Hospital, 1920), to John Percival Lyons.
- JEBB—MURRAY — On February 7th, 1928, at Victoria, B.C., Hilda Murray (Royal Jubilee Hospital), to Arthur H. Jebb.
- PEMBERTON — RANT — On February 14th, 1928, at Victoria, B.C., Caro Eileen Marjorie Rant to William Parnell Despard Pemberton.
- RUSSELL—McDOUGAL — On January 20th, 1928, Beatrice McDougal (Hospital for Sick Children, Toronto), to Douglas Russell.
- WILMETH—LUCKHAM — On January 27th, 1928, at Los Angeles, Meryl J. Luckham (Victoria Hospital, London, Canada), to Lex C. Wilmeth.
- WINDLE—BELLA—Recently at Okotoks, Susan M. Bella (Holy Cross Hospital, Calgary, Alta.), to Michael T. Windle.

## DEATHS

- HEWSON—Recently, in Winnipeg, Man., Margaret Hewson (Brandon General Hospital, 1911).
- TELLING—On December 21st, 1927, at Winnipeg, Maude Telling (Western Hospital, Montreal, 1911).

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## Registration of Nurses

PROVINCE OF ONTARIO

### EXAMINATION ANNOUNCEMENT

An examination for the Registration of Nurses in the Province of Ontario will be held Tuesday, Wednesday and Thursday, May 29th, 30th and 31st, 1928.

Application forms, information regarding subjects of examination, and general information relating thereto, may be had upon written application to Miss A. M. Munn, Reg.N., Parliament Bldgs., Toronto. No candidate will be considered for examination unless the completed application form, accompanied by the examination fee of \$5.00, is received by the Inspector before May 10th, 1928.

(Signed) A. M. MUNN, Reg.N.,  
Inspector of Training Schools.

## Two . . . Scholarships

The Association of Registered Nurses of the Province of Quebec, offers two Scholarships for next season, of two hundred and fifty dollars (\$250) each. For English-speaking nurses the award will be for a course in Teaching at the School for Graduate Nurses, McGill University, Montreal. The French section award will be for the Public Health Course, University of Montreal. Candidates must be graduates of Schools in the Province of Quebec.



Applications for further information to:

**MISS M. CLINT,**  
Registrar and Executive Secretary,  
11 Oldfield Ave.,  
MONTREAL, P.Q.

### EXAMINATIONS FOR REGIS- TRATION OF NURSES IN NOVA SCOTIA

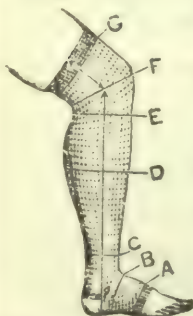
are to take place on Wednesday and Thursday, May 16th and 17th, 1928. Candidates are required to send in their completed forms, accompanied by initial registration fee of \$10.00 and diploma before April 16th, 1928, to

**L. F. Fraser, Registrar,**  
The Registered Nurses' Association of  
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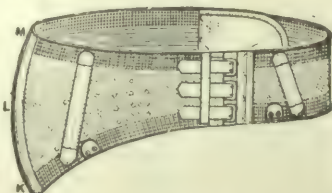


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# The Canadian Nurse

A Monthly Journal for the Nurses of Canada

Published by the Canadian Nurses Association

Vol. XXIV.

WINNIPEG, MAN., MAY, 1928

No. 5

Registered at Ottawa, Canada, as second-class matter

Entered as second class matter March 19th, 1905, at the Post Office, Buffalo, N.Y., under the Act of Congress, March 3rd, 1897

Editor and Business Manager:—

JEAN S. WILSON, Reg. N., 511 Boyd Building, Winnipeg, Man.

## MAY, 1928

### CONTENTS

PAGE

THREE BIOGRAPHIES - - - - -	<i>E. Kathleen Russell</i>	227
EDITORIALS - - - - -	- - - - -	236
PUBLIC HEALTH NURSING IN WEST SUSSEX - -	<i>Ruby E. Hamilton</i>	239
SOCIAL AND HUMANITARIAN WORK OF THE LEAGUE OF NATIONS - - - - -	- <i>Rachel Crowdy</i>	241
VIGNETTES FROM THE HISTORY OF NURSING - -	- - - - -	244
CONTINUOUS LAVAGE - - - - -	<i>Eugenie M. Stuart</i>	247
DEPARTMENT OF NURSING EDUCATION:		
TEACHING OF MATERIA MEDICA IN SCHOOLS OF NURSING, THE - - - - -	<i>Annie F. Lawrie</i>	248
DEPARTMENT OF PRIVATE DUTY NURSING:		
DIABETIC DIET IN A PRIVATE HOME - - - -	<i>Helen Field</i>	251
DEPARTMENT OF PUBLIC HEALTH NURSING:		
A ROCKEFELLER FOUNDATION FELLOWSHIP - -	<i>Mary E. Stevenson</i>	254
BOOK REVIEWS - - - - -	- - - - -	258
NEWS NOTES - - - - -	- - - - -	259
OFFICIAL DIRECTORY - - - - -	- - - - -	269

## Three Biographies

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A modern philosopher has remarked that "we live forward but understand backward," which statement, being examined and interpreted, draws our attention to the fact that it is always in the light of the past that we plan and execute our daily life and work. Such reflection puts a rather startling emphasis upon the value of a knowledge of the past, and in the light of such reflection we can appreciate the dictum that "from nothing can any profession derive so much advantage as from the history of its development." Such equipment from the historian has been stressed by many a philosopher, perhaps never more attractively than in the pithy words of Fuller, when he says that "history maketh a young man to be old without either wrinkles or grey hairs; privileging him with the experience of age without either the infirmities or inconveniences thereof. Yea it not only maketh things past present, but enableth one to make a rational conjecture of things to come. For this world affordeth no new accidents but in the same sense that we call it a new moon which is the old one in another shape, and yet no other than that hath been formerly. Old actions return again, furbished over with some new and different circumstances."

Thus if we, as nurses, wish to understand the circumstances of our present day professional life, we must be able to see these in the perspective of the past. For complete understanding it is necessary not only to trace the story of organized nursing service through the cen-

turies, but also to study the outstanding developments in the light of general history; thus the stream of social, religious and political influences may be watched in their interplay and the result comprehended.

Such a study of nursing from the historical approach proves fascinating indeed, but is a matter for time and leisure. In order that we may get the tale, we must read deeply through the story of the centuries. Tonight I am asking you to turn, not to the specialized field of nursing history, but rather to a certain few pages of 19th century chronicles that are more general in scope. My hope is that in these pages we may get illumination that will prove inspiring. My subject is "three biographies," and the three selected are memoirs of three persons of the 19th century: a nurse, a physician and a scientist. There is no particular class into which the three fall, no particular tie that binds them together. In fact each is, in many respects, a stranger to the other. Arbitrarily I have chosen to present these three much-loved books, with the special reason that I believe, by putting them together, the reader can get a vivid, and an extraordinarily comprehensive, picture of the 19th century, politically, socially and scientifically, and thus a background of the immediate past in the light of which we are attempting to build today.

The books I have chosen are biographies of Louis Pasteur, of Florence Nightingale and of Sir William Osler. In these I am asking you to look at exactly 100 years of time (1820-1920), from a spring day in 1820 in sunny Italy when a new-

(\*Read at the annual dinner of the Mack Training School Alumnae Association and the Graduate Nurses Association of St. Catharines, November, 1926.)



born baby girl was placed in the arms of her English parents to a sombre New Year's day in 1920, when a sad procession participated in the funeral rites of a beloved chief in the dim old Cathedral of Christ Church, Oxford. Geographically we cover in these three books a number of countries: for a large part of the time we are in England, then again for a number of years in France, with an occasional glimpse at several other European countries. Also we spend a few significant years in Canada and finally there is a short sojourn in the United States. As we read the books we are conversing in turn with three different professional groups; in one with nurses, in the second with physicians, and in the third with scientific research workers. Though each book does thus in turn keep the reader for a long time with a special professional group, yet the charm of each and every one of the three lies in the general accompaniment of the political and social and educational history of the century in those countries which are entered upon.

The three biographies show a great variation in style, but in each one the author achieves a certain like excellence in his craft in that he makes his book animate with the living, speaking, personality of the subject of his sketch. This is attained, as we say, through various styles, but with a similar use of the letters of the man or woman whose biography is being written: letters through which they speak to us with as clear a personality as though present in the room while we are reading, as indeed they are if we have any ability to pierce through the veil of time and sense. Such a use of personal letters, if the author be skilled, is an assured method to success in biography.

Now may we look at the three books in turn. We shall take them in chronological order and thus we see at once that Florence Nightingale and Louis Pasteur are almost exact contemporaries as a bare two

years divided the two births, the one occurring in 1820 and the other in 1822, and both lived long lives, through to the end of the century. Osler belongs to a later, though partly contemporaneous period, as he was not born until the middle of the century (1849).

First in time then, and perhaps first in interest to us, comes Florence Nightingale. The biography to which I am referring in the title of my paper is the two-volumed book written by Sir Edward Cook. However, I must ask you to find an extra niche on your book shelf to slip in beside Cook's two volumes another small one which is needed to complete the story. I mean Strachey's book called "Eminent Victorians," in which is placed a short sketch of this extraordinary woman.

In the Introduction to his book Cook gives us, by using some of Miss Nightingale's own words, a warning about the approach to this story that is greatly needed. These are the words: "In the course of a life's experience such as scarcely any one has ever had, I have always found," said Miss Nightingale, "that no one ever deserves his or her character. Be it better or worse than the real one, it is always unlike the real one." To that is added the remark of an old friend, "It has been your fate," said this friend to her once, "to become a legend in your lifetime." Then Cook proceeds to comment as follows: "Now, nothing is more persistent than a legend: and the legend of Florence Nightingale became fixed early in her life—at a time, indeed, antecedent to that at which her best work in the world, as she thought, had begun. The popular imagination of Miss Nightingale is of a girl of high degree who, moved by a wave of pity, forsook the pleasures of fashionable life for the horrors of the Crimean War; who went about the hospitals of Scutari with a lamp, scattering flowers of comfort and ministrations; who retired at the close of the war into private life, and

lived thenceforth in the seclusion of an invalid's room: a seclusion varied only by good deeds to hospitals and nurses and by gracious and sentimental pieties. I do not mean, of course, that this was all that anybody knew or wrote about her. Any such suggestion would be far from the truth. But the popular idea of Florence Nightingale's life has been based on some such lines as I have indicated, and the general conception of her character is to this day founded upon them. The legend was fixed by Longfellow's poem and Miss Yonge's *Golden Deeds*. Its growth was favoured by the fact of Miss Nightingale's seclusion, by the hidden, almost the secretive, manner in which she worked, by her shrinking from publicity, by her extreme reticence about herself. It is only now, when her papers are accessible, that her real life can be known. There are some elements of truth in the popular legend, but it is so remote from the whole truth as to convey in general impression everything but the truth. The real Florence Nightingale was very different from the legendary, but also greater. Her life was built on larger lines, her work had more importance, than belong to the legend."

Place beside that the opening paragraph of Strachey's story, which story we must admit is a bit distorted at points. He says, "Every one knows the popular conception of Florence Nightingale. The saintly, self-sacrificing woman, the delicate maiden of high degree who threw aside the pleasure of a life of ease to succour the afflicted, the Lady with the Lamp, gliding through the horrors of the hospital at Scutari and consecrating with the radiance of her goodness the dying soldier's couch—the vision is familiar to all. But the truth was different. The Miss Nightingale of fact was not as facile as fancy painted her. She moved in another fashion and toward another end; she moved under the stress of an impetus which finds

no place in the popular imagination. A demon possessed her. Now demons, whatever else they may be, are full of interest. And so it happens that in the real Miss Nightingale there was more that was interesting than in the legendary one; there was also less that was agreeable." If we have said enough to give the new reader a fresh orientation toward this story, then we may proceed to follow it. A story that Cook promises will be greater than anticipated and which Strachey says will be more interesting but less agreeable. After such an introduction we look for a great deal and we are not to be disappointed.

And there is a lot in our book before we come to nursing. Early Victorian and Mid-Victorian English Society is seen at its best with the family and friends of the Nightingales, and we have intimate glimpses of many a personage. Perhaps here we have touched upon one of the greatest charms of the book. Between its opening and its closing pages we meet a long, long line of men and women whose names we have revered, or acknowledged, perhaps hitherto from afar. But here they take on, many of them, a delightful intimacy which peoples our own little world with some new and much-to-be-desired acquaintances. There is no limit to the list we could enumerate, for the Nightingale family met no barriers in any circle. They had the rare combination of wealth, position, education and character, and all things, and all people, of worth claimed easily their interest. Thus a constant stream of people pass through these pages, people famous in art, literature, music, political life, educational and religious leadership and so on. And when we tire of things Victorian, if such occasion arises, we can wander with our heroine across the Channel into the salons of Paris, or pick her up wandering through Rome. The leisurely travel of the middle of the last century carries Florence Night-



ingale through much of Western Europe and also down into Egypt, and as we travel with her many of the treasures of the centuries are ours to enjoy.

Another phase of the book which carries uncommon interest is the vivid light which it throws upon certain politicians and statesmen of the age. Of course, the storm centre is always in England's War Office, and with its officials and those who interfere with those officials. But from the War Office we are carried into the Houses of Parliament, into many government departments, ever and anon to the Prime Minister and now and then to the Palace itself, where an appreciative, if puzzled, sovereign little understands, but quite wholly supports, this strangely restless and powerful young subject of hers. The purpose of all this is to tell the story of Florence Nightingale's interference with governmental authorities on behalf of military hospitals after she had seen the shocking treatment provided for the sick and wounded soldiers of the British Army during the Crimean War. But we must leave abruptly all the story of the vast reforms effected for military hospitals. Suffice it to say, that vast reforms were effected, but only after a heart-breaking struggle, the struggle in which Sidney Herbert laid down his life; the struggle in which, according to Strachey, Miss Nightingale was possessed by a demon.

There is only time left to consider the nursing history of the book, and the whole story is there, starting from the typical early 19th century nurse, described by Strachey as "a coarse old woman, always ignorant, usually dirty, often brutal, a Mrs. Gamp, in bunched-up sordid garments, tipping at the brandy bottle or indulging in worse irregularities," from such through all the various forms and reforms up to the dignified and trained pupil of St. Thomas's. It was, indeed, a miracle that was wrought, and that in a re-

markably short space of time, according to the custom of miracle-working. But the marvel is not in the founding of the Nurses' School at St. Thomas's. That was not the first attempt to teach decent young women to nurse the sick, though it was truly the most extensive and comprehensive. Other small groups, notably those of both Roman Catholic and Anglican Sisterhoods, were meeting with some success, too, and they had antedated the Nightingale School. No, the miracle lay in what followed after the founding of that school. Let us hear it in Cook's own words: "Miss Nightingale was the founder of modern nursing, because she made public opinion perceive, and act upon the perception, that nursing was an art, and must be raised to the status of a trained profession." Cook continues to show that by a rare combination of understanding, power and administrative ability in one woman the whole kingdom was made to see the need for change in nursing conditions and the possibility of making that change. In one short generation hospitals here and there all over the land had secured leaders from the new school or schools and were in turn starting their own schools. I have never been able to understand why other countries, that in recent times have spent much money and effort upon nursing reforms, have failed to copy this method used by Florence Nightingale of deliberately using her first nursing school to train superintendents for other hospital schools. It is the one quick and certain method of spreading reform, but it necessitates that local loyalties be subjugated entirely by larger loyalties. Additional value lies in the information the story presents of continental nursing conditions and of certain Roman Catholic and Protestant Sisterhoods there to which Florence Nightingale went for experience while preparing for her own work.

The rest of the book gives us a rapid sketch of the significant years

in England that followed the founding of the Nursing School at St. Thomas's. The events that happened in the sixties, the seventies, and the eighties, of the last century did decisively and forever work a great change in the scope, the methods and the conditions of nursing. So, as in a kaleidoscope, we see the changes as we turn these pages. The decent young woman learning to nurse the sick as a pupil in a school; teachers in those nursing schools prepared for their work as teachers. The doctors and the public both learning to expect trained nursing care for the sick. The disappearance of the Sarah Gamps. The hospital beginning to demand decency and refinement in its nurses; the public learning to offer respect to nurses. The beginning of visiting nursing and health visiting; the reform of workhouse infirmaries through the change in nursing; changes in military nursing and so on. The years were crowded and yet it appears a leisurely and well-considered type of progress and one that demands most careful study from us today.

With reluctance I turn from this, our first, book.

Our second biography, that of Louis Pasteur, is the famous life written in French by M. Vallery-Radot and translated into English by Mrs. Devonshire. Here we have a story of a life of unusual charm, told with great sympathy and with a beauty of style and diction that has been preserved even in the process of translation. The nation that has produced the man Pasteur and this book of his life has indeed a wealth of spiritual resources upon which to draw.

Just here we might quote from Osler's Introduction to this book, where he says: "To many whose estimate of French character is gained from "yellow" literature this story will reveal the true side of a great people, in whom filial piety, brotherly solicitude, generosity, and self-sacrifice are combined with a rare

devotion to country. Was there ever a more charming picture than that of the family at Dole? Napoleon's old sergeant, Joseph Pasteur, is almost as interesting a character as his illustrious son: and we follow the joys and sorrows of the home with unflagging attention." The whole story of Pasteur's life is given, an intimate tale of his family and home life, both as boy and man, as well as the record of his scientific life. So we see the quiet, reserved lad brought up in the country and in small towns, his first attempt to study in Paris and his homesick return; the quiet successes at school and college that brought him some prizes and once a cautious grading as "mediocre" in a chemistry examination! Then follow the beginning of laboratory researches; days and years of teaching combined with laboratory work. The happy marriage, and the home life that was made possible through the sympathy of a rarely intelligent wife. The long years of work in the service of France and of humanity, years marked by joys and sorrows, success and failure, but such failure always patiently carried to success. The final years of constant research work. Seldom have the two covers of a book contained a tale of such moment to the human race.

As we look to this story to see what addition it can make to our general knowledge of 19th century development, we find neither the political nor the social detail of Sir Edward Cook's book. For the most part those things receive brief if valuable illumination. In this book we are living with a group of scientists, men whose whole lives are devoted to the search for truth in connection with certain phenomena of matter and of life. Fortunately for our purpose much of this scientific research soon gathers around the question of the origin of disease. In the telling of the story we are given a clear understanding of the opinion of the early and mid-nineteenth cen-



ture medical scientists throughout the world with regard to infective disease and the origin and spread of what was evidently, but unexplainably, communicable disease. In the course of the story of Pasteur's studies and controversies that understanding is made so clear and vivid that we cannot fail to grasp its significance. Only a scant half century separates us from total ignorance of the exact cause of communicable disease, from a total ignorance concerning microbic life in relation to disease. Further, we understand that little more than a quarter of a century separates us from the end of the first struggle to get that new knowledge accepted as a working basis for future research: accepted I mean by the leading savants of the medical and scientific bodies of Europe. If we grasp those facts clearly we can interpret more truly our present position with regard to these diseases and the understandings and misunderstandings regarding them, our small successes and our, as yet, great failures. Completer knowledge concerning the past century should give much patience and a surer hope for the present and future. It takes such a little moment to make that statement, but it requires the reading of a whole book and some pondering thereon to get the full understanding of these facts and of their relation to our work today. We can sum up Pasteur's contribution to science under two main headings: (1) his discoveries of the microbic cause of fermentation and of certain diseases, and the long struggle to convince his fellow scientists concerning these things; (2) the equally great discovery of how protection can be given through the attenuated cultures of microbes that we have learned to call vaccines. By means of these two lines of work the foundations were laid of the two new sciences of bacteriology and immunology.

The biographer, as he tells his

story, shows us Pasteur in his relations with his fellow scientists in his own country and in neighbouring countries. From the whole, there is one bit that has peculiar interest for us and that is the story of the work of Lister based upon Pasteur's theories. The record of the happy interdependence of the work of these two great men makes very delightful reading, and one of the best episodes is Pasteur's visit to Edinburgh at the tercentenary celebration of the Scotch University.

Rather apart from our special interest in the present search of these biographies is another matter, but one that can hardly be overlooked by a present day reader of the volume. To members of a post-war League of Nations, members making some effort to achieve peace through better understanding of sister nations, here is something of value. This book was written in 1884, long before the Great War, so we must remember that it cannot be influenced by additional prejudices or emotions developed at that time. That fact gives greater force to the vivid story of distress, dismay, disappointment, fear and sorrow that gather in greater and greater volume in the course of the Franco-Prussian war of 1870-72. We read a story (artlessly told in Pasteur's letters) that to the present day reader might well be the story of 1914; of a people who cannot believe that there will be war made upon France; who are not prepared for it, and who go through an agony of sorrow in the humiliation of their country. That story should add understanding and sympathy for the fears of the French people today, no matter how unnecessary the onlooker may consider those fears to be.

I wonder if you will deem mine a fickle fancy if I now display my full appreciation of the third biography on our list, that of Sir William Osler. It is, indeed, a contrast in some respects to turn from Pasteur to Osler: from the serious-minded, reserved

youth who haunted the laboratories of the Ecole Normale to the irrepressible young Canadian who was both the joy and the despair of the various schools that were honoured with his attendance. All through the former book we move quietly from the laboratory to the lecture room, from the lecture room to the grave conferences of the Académie, and back again to the laboratory. Full as it is of the most appealing charm, it is all the quiet, serious side of life that is portrayed therein. The latter story, that of Osler, has also its serious side. The same laboratory, lecture room and Académie are given long and equally serious consideration, but also there is much in a lighter vein, where we meet the Osler who was the gay, laughing companion so much in demand. The Osler of the dining-clubs, Osler the irrepressible correspondent. In fine, Osler the host whose home, the "Open Arms," was always full to overflowing with guests from far and near, and where high thinking and joyous living seemed to be combined to a rare degree.

To return to our original purpose of seeking something from these books to give us better understanding of our own work today. What then has this last story, the life of Osler, to add? A brief study of the book will reveal the fact that it has a great deal that meets this expressed purpose of ours, and from all that rich store we shall proceed to pick out a bit here and there.

Perhaps the first charm of the book for a Canadian reader, and particularly for those living in Ontario, is the brief but vivid story of pioneer life in this Province, as happy and as fine a type of life as has ever been lived in our country. It serves to remind us of the fact that we are yet very close to pioneer days. In 1837 we find the young English couple who were to be Osler's parents settling on the border of the wilderness in a district afterwards called Bond Head, which was some fifty

miles north west of Toronto. It was a life of hardship and isolation to which they had come, but, instead of bemoaning their own lot, both husband and wife set to work with characteristic energy to add much to the lives of their neighbours. Of the husband, the indefatigable clergyman of the district, it is related that "he taught his parishioners farming and how to make husbandry pay, lent them money, drew up wills for them, dispensed spectacles, and in countless other ways tended to their material and physical as well as spiritual needs." Ellen Osler, wife of the frontier parson, "not only had the responsibility of a rapidly accumulating flock of her own (nine children born within 14 years) but conducted a famed Sunday-School to which children came from miles around." Also "observing how ignorant the girls were and how untidily they dressed, she proposed to give instruction in cutting out and making their clothes every Tuesday and Friday in the afternoon . . . that school did more toward elevating the tone of the people than almost anything else and to this day many of the women of Tecumseh, now mothers and grandmothers, speak of it as one of the greatest blessings of their lives." Of such parentage came William Osler. There are many brief but intimate glimpses of this family life in which the boy lived throughout childhood and schoolboy days, first in Bond Head and later in Dundas.

Next in interest comes the story of early days in the young Canadian Universities of Toronto and McGill, mainly the tale of the medical school in each place. Fortunately for us the latter story must needs include reference to the hospital conditions and even to nursing itself. This book thus provides a valuable addition to our scant records of these early days, and in the telling of Osler's advance from Toronto to Montreal and thence to Philadelphia and Baltimore we get a remarkably clear picture of the



most significant developments in medical education on the American continent during the last quarter of the 19th century. Among such glimpses are the following: "When I began clinical work (said Osler) in 1870, the Montreal General Hospital was an old coccus—and rat-ridden building, but with two valuable assets for the student—much acute disease and a group of keen teachers. Pneumonia, phthisis, sepsis and dysentery were rife. The 'services' were not separated and a man for three months looked after medical and surgical patients, jumbled together in the same wards. The physic of the men who were really surgeons was better than the surgery of the men who were really physicians, which is the best that can be said of a very bad arrangement . . . Scottish and English methods prevailed and we had to serve our time as dressers and clerks and indeed in serious cases we very often at night took our share in the nursing." Again (from the biographer) "Montreal in the '70's and for some years to come had unquestionably the best medical school in Canada, and the opportunities offered to students were possibly rivalled by those in only one city in the States—namely, in Philadelphia. The McGill School, founded by Scotsmen, had from its inception closely followed the educational methods in vogue at Edinburgh, where only the year before, a young man named Joseph Lister has been called from Glasgow to succeed Syme as Professor of Surgery. . . . In the Upper Canada schools at Toronto and Kingston, on the other hand, traditions of the great London hospitals largely prevailed—traditions in themselves as worthy of emulation as those of Edinburgh, but one only needs to consult Canadian Medical Journals of the late '60's and early '70's to learn that in Toronto much dissatisfaction was rife and that the staff and the trustees of the Toronto General Hospital were at loggerheads

over matters relating to medical instruction."

Again, concerning the faculty members we read of a "Professor of Surgery, a vigorous and confident operator trained in pre-antiseptic days, for Lister at this time was little more than a rumour in Canada, if even that, and the surgeon of the day operated in his ordinary clothes, collar, cuffs and all, the more particular ones, indeed, in a frock-coat."

Again, "The Montreal General (Hospital) in the 1870's was a modest institution of only about 150 beds, ill-lighted and ill-ventilated. The mob-capped nurses were then of the Sarah Gamp type, who, as Dr. Shepherd reveals, were not strangers to the cup that more than cheers, and it was long before modern wards and the modern type of nurse came to supplant the old order." Much more could be quoted to show the gradual development of what may today, in spite of its shortcomings, be truthfully called medical education. And in the later part of the whole record we find the beginnings of nursing education. The personal story of the inception and growth of the Medical School at Johns Hopkins University throws clearer light upon an epoch making event in medical education and hospital development on this continent. Perhaps I have said enough to indicate the value to us of the professional records gathered in this book.

There is so much else that it is indeed difficult to select a passing reference and yet there is time for little more. Osler the teacher, Osler the friend of the young student, Osler the man of letters. Which is the most important aspect of his whole work for consideration? In which of those capacities did he give most important service? In which lies the greatest charm and inspiration for the reader? It is impossible to say. His service in any one of those three fields would have given him enduring fame; together they made him, in the words of his bi-

ographer, "one of the most greatly beloved physicians of all time."

Somehow in the course of a crowded life he found time to become familiar with the literary treasures of the centuries. How he found time for this remained a mystery to his friends but it is enough that we see the result. For nearly half a century he was found a teacher of medicine, but it was not medicine alone that he taught his students. With his passionate love of books he had garnered a rich store of knowledge of the philosophy of the ages, and he fed abundantly all those in whom he could stir a hunger and thirst after knowledge. And, as an even greater accomplishment he (to use the words of an old associate) "inspired his students with enthusiasm for letters." What greater praise can be given to any teacher.

My tale is finished and it has no moral. My only purpose has been to share with you again the delights of these books; and chiefly to suggest these delights to those who do not yet know them. Paraphrasing the words of Osler's old friend, we would be inspired with enthusiasm for letters so that we too may taste the rich rewards that come thereby. I do not wish to stir up sentiment or emotion merely to be enjoyed and then to be allowed to dissipate itself, for I believe with the philosopher James that such emotion leaves one poorer than before. I would, however, stir emotion that will carry into action; action that is intelligent because it knows the past and cherishes the best ideals of that past, while it is able at the same time to adjust to the ever-changing conditions of the future.

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### *The Heroic Dead*

*"They are not here!" No, not beneath that sod,  
And yet not far away.  
For they can mingle their near life from God  
With living souls, not clay.*

*And they, "the heroic dead," will softly pour  
Into thy spirit's ear  
A music human still, but sad no more,  
To tell that they are near—*

*Near thee with higher ministering aid  
Thy heart-work to return,  
So that each sacrifice that love has made  
A victory shall earn.*

(Believed to be by R. M. Milnes. The words "they are not here" and "the heroic dead" are from a letter from Florence Nightingale to her sister, describing her walks on the shore near the soldiers' graves during her convalescence from the Crimean fever. It was the time when she vowed to "fight the cause" of the "murdered men.")



## Editorials

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### *The Legend or the Reality*

In the introduction which he wrote for the Vallery-Radot Life of Pasteur, Sir William Osler draws particular attention to the characteristic reverence which the French people pay to the memory of their "illustrious dead." Doubtless the inference is that we as Anglo-Saxons are somewhat less demonstrative in this direction, but, even so, we too gladly pay a like homage and in doing so seek and find the inspiration that comes only thus. So we note in the month of April that medical journals from far and near are commemorating the birth month of Lister, the never to be forgotten benefactor of the human race: and in the month of May nursing journals will pay their yearly tribute to the memory of Florence Nightingale. The close association of these two anniversaries serves to remind us of the same close coincidence of the lives of these two people whose combined, though entirely different, work served to completely transform hospital conditions for all future time.

Each fresh attempt to consider the life of Florence Nightingale brings us face to face with the fact that her biographers have tried so hard to emphasize: it is that the real Florence Nightingale has been almost entirely hidden from observation by the legendary representation of her that took form early in her lifetime and that so far has successfully barred the path to a true appreciation of this great woman's real work for nursing. The legend is that of the Lady of the Lamp, a sentimental picture so unreal that it becomes almost a caricature. And yet that early legend born of the most picturesque (though not neces-

sarily the most important) aspect of her work in the Crimea, comprises the total story for most nurses today. Thus a whole generation is losing sight of the most significant accomplishment of nursing history. The complete story of the origin of the nursing school and the genius that planned so wisely and so successfully that in one generation the hospital nursing methods of a whole kingdom were transformed: that story and the really significant aspects of it for our present guidance are almost unknown. Was it the "Lady of the Lamp" or the woman described by Strachey as "possessed with a demon" who supplied the indomitable purpose and the commanding intelligence that could accomplish such a transformation? The true story is available, to be had merely for the reading. Is not the obligation laid upon us to see that the young probationer of today receives all the inspiration and help that history rightly presented can give to her and that is part of her professional heritage.

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### *A Thoughtful Suggestion*

The season is now at hand when most of us are meditating upon the pleasant subject of summer holidays. We are planning where we will go during this happy time. One naturally tends to think a little further ahead perhaps also—and think about plans for next autumn. We never seem to accomplish anything without due planning and preparation. No enjoyable holiday ever seems to materialize without adequate arrangements for it.

At the present time in the nursing profession we are at a stage where we cannot advance unless we each

make a definite effort. We cannot maintain and improve our schools without the staff qualified to teach, supervise and direct. The question of providing qualified teachers especially is one that needs the attention of us all. What preparation are we making to meet this situation? Several Canadian universities are providing facilities for post-graduate work in administration, teaching and public health nursing.

It may be that you are in a position to stimulate interest in some person who is qualified to undertake post-graduate work. Then do so and encourage her to return to her own locality to help further nursing education there. Often it is a question of providing financial help—salaries are not large among us and it is not an easy matter to get necessary funds needed for extra preparation. You can help to arouse interest in your Alumnae or Provincial Association to raise funds for a scholarship, which is one way of showing your interest in and support of nursing education. Perhaps, still better, you can prepare to take an active part yourself in this movement for improving our educational conditions.

We are all affected by the needs of our schools. If we are to measure up to modern demands we must all help and our help can only be given by careful consideration and preparation to do our bit.

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### *Our National Memorial Committee*

From time to time our attention is drawn to our great indebtedness to individual members of our Association—members to whom we assign some difficult task, a task requiring patience, tact and vision to carry it through. As this number of the journal goes to press we learn that the National Memorial Committee has just submitted its final report.

We are reminded that Miss Jean I. Gunn, of Toronto, has acted as convener of this committee since its formation, and that with few changes in personnel her committee has carried on since that time. We cannot reflect on the Memorial without thinking of Miss Jean E. Browne, under whose presidency our thought for a fitting memorial to our sisters who had made the supreme sacrifice became a splendid reality,—but today we pay special tribute to Miss Gunn, convener; Miss E. Kathleen Russell, secretary; and Miss Katharine I. Davidson, treasurer, of the committee, as well as the others and all who assisted in making effective the wishes of the nurses in all parts of the Dominion.

When the Memorial was unveiled in Ottawa in August, 1926, the main task was accomplished, but there were still many details to be settled, and the same members agreed to serve upon the committee until the work was completed. The task is now finished and the committee asks to be dissolved. In making its final report the committee will hand over a sizable surplus, representing a balance of funds collected, supplemented by accrued interest.

To what purpose shall this fund be devoted?

While the efforts of this committee had tangible results to which Canadian nurses will ever point with pride, there were surely other, and even more far-reaching, results in the sense of oneness arising from a common purpose fulfilled. In a less spectacular way other individuals and other committees are striving to make effective the wishes and ideals of the Association. Shall the surplus Memorial funds be devoted to one of these special projects? In making its final report the Memorial Committee will doubtless submit recommendations for our consideration, and with due thought we shall cast our vote when the question is submitted.



*Winnipeg**Our Next Convention City*

The members of the Manitoba Association of Graduate Nurses are looking forward with much pleasurable anticipation to the Canadian Nurses Association Biennial Meeting to be held July 3rd to 7th, 1928, in the city of Winnipeg.

It is twelve years since the Manitoba nurses had the opportunity of extending a welcome to the nurses of the Dominion, and it seems particularly fitting to meet in Winnipeg (the centre of Canada) this year to celebrate the twentieth birthday of the Canadian Nurses Association.

Winnipeg is the gateway of the west, and of the north. At least Manitobans may be excused for believing it to be the gateway of the north, since Commander Byrd's Polar Monoplane entered the north via Manitoba to make a trial test for the Antarctic expedition.

Winnipeg is a clean city of wide streets, beautiful buildings and parks, and is within a day's distance of mountain ranges, beautiful valleys, rolling prairie, sparkling lakes, untouched forests, and rocky areas where mining claims have been staked in abundance.

A trip to historic Norway House up Lake Winnipeg carries with it all the experiences of an ocean trip—to a world of peace and carefree gaiety. And last but not by any means the least, a trip to the north by the Hudson Bay Railway to the Hudson Bay is an experience not easily forgotten.

*A Message*

The current issue of *The I.C.N.*, the official organ of the International Council of Nurses, carries a message to its members from Baroness Sophie Mannerheim. This message, written as a New Year's Greeting and in expectancy of convalescence after a long illness, is most touching, as the writer passed away on January 9th, less than a month after writing the following beautiful passage:

Do you believe in dreams? I had one last night, such a beautiful dream. There were roses all round me, heaps and heaps of lovely roses, fresh, dewy, of every description, filling the air with their sweet scent and my heart with joy at their loveliness.

Now, if ever a human being has been spoilt with flowers, I have been, and it has made me feel very small indeed to think of the little I have been able to give compared to the loving kindness poured out on me during the whole of this long sickness, which has now lasted more than a year and is only slowly changing into convalescence.

So, when I stood surrounded by those dream-roses of mine, I thought that now, at last, I also had something to give. They will go out to you all, sisters of our beloved calling, bringing you fresh courage and new hope and helping you over your difficult moments. With them in your hands you will enter the chambers of sickness and death and bring solace and peace.

For they were certainly given me that I might scatter their loveliness among you all, so that every one should receive her share.

Take them, sisters, and God bless you and the work of your minds and hands. They bring with them good wishes for the coming year from one who has never before known as she knows now what a blessing good nursing can be to those who are in sore need of help.

SOPHIE MANNERHEIM.



## *Public Health Nursing in West Sussex*

By RUBY E. HAMILTON.

The County of West Sussex is one of the most beautiful of the southern counties of England, overlooking the English Channel and sloping back to the famous South Downs. It has an area of 620 square miles and a population of 270,000 people. Agriculture is the chief industry. There are two fairly large towns, several smaller ones and many villages scattered throughout the county. The roads are excellent but rather hilly in the northern part.

**Medical Staff:** Like all counties in England the health work comes under the direction of the county council. The county medical officer of health and his staff are responsible for seeing that the Public Health Act is carried out. The staff consists of one county medical officer of health, one deputy, three part-time assistant medical officers, one tuberculosis medical officer, three school medical officers, three dental officers and one inspector of midwives, who is a woman doctor.

**Public Health Nursing Organization:** A general programme of public health nursing, district nursing and midwifery is followed throughout the whole county. The Queen Victoria Institute Nurses have been chosen to direct the work. They work under the direction of and in co-operation with the county medical officer of health and his assistants.

The county is divided into seventy districts, two of which include the two large towns of Chichester and Worthing with a population of 30,000 each. The other sixty-eight districts are more or less rural and each contains two or more small villages with a total population of about 2,000.

The nursing staff of the county is made up of one superintendent, one assistant, twenty Queen Victoria Jubilee nurses, twenty trained

nurses and fifty-three district nurses. The district nurses are qualified midwives and have had at least one year of general training. Every nurse on the staff has her C.M.B. certificate or in other words, every nurse is a qualified midwife.

Each nurse does general public health nursing, district nursing and midwifery, attends child welfare clinics and ante-natal clinics and is present at all medical and dental inspection of school children.

In the large centres there may be from two to four nurses but in the rural districts there is usually only one. If it is convenient when rural districts adjoin, the two district nurses live together in a small cottage. This is a practical scheme as it reduces living expenses and the nurses are not so lonely or isolated. When three or four are employed in a large centre they always live in a central home and the senior nurse is in charge of the district.

The village nurses look after the health needs of a varying population, usually about 2,500. Each nurse has three or four country or village schools and must make at least two routine head examinations consisting of four visits annually to each school. They must also be present at all medical and dental examinations which are held once a year. All school children are given the regular three physical examinations during their school life: one on admission, one at nine years of age and one on leaving school. During epidemics or for special reasons children are examined oftener. The nurse must also call at the school every fortnight in order to see any children who have been absent or require special attention.

Birth registrations are followed up immediately. Infants under one year are visited or seen at the clinic every three months. Children be-



tween two and three years of age every six months, and between three and five once a year.

All tuberculosis cases are visited as often as possible and contacts are urged to go for examination, but this advice is not always followed.

Every district has a child welfare centre and these are fairly well attended. The local Association provides the room and equipment and the county council the local physician to attend. The ante-natal clinics are held the same day as the child welfare clinics, but are not well attended.

The district nurses as midwives do as much ante-natal work as possible. They take pelvic measurements and make simple analysis tests, give good advice and attend all normal cases. Midwifery includes after care for the mother and baby for ten days at least, longer if necessary.

It was stated by the superintendent that every woman in West Sussex needing midwifery care could have it, as the county is so well supplied with trained midwives and the work well organized.

**Post Graduate Courses for Midwives:** District nurses are urged to take post-graduate courses in London or other centres and the majority of them avail themselves of this opportunity. They do not receive a grant for this course, but they continue to receive their salary while attending the course and a substitute is put in their place while they are absent.

All the work is under the close supervision of the superintendent and her assistant who make frequent visits to all nurses. The inspector of midwives pays an annual visit to all midwives. Practically every nurse on the staff does midwifery.

**Voluntary Organization:** There is a large voluntary organization called The West Sussex County Nursing Association which is made up of lay people. This Association is responsible for raising funds to aid in carrying on the work. It also assists in every possible way to make the

work of the nurses successful. Each small district has a local association or committee whose members are members of the county Association. The members of the local committees are present at clinics and help with clerical work and weighing of babies. They also provide relief in cases of distress and aid with remedial work following school examinations. The most influential men and women of the county hold office in these associations and take an active interest in all the health work done in the county.

The associations do not interfere with the policy of the work which has been outlined by the county medical officer in co-operation with the Q.V.J.I. nurses, but do everything that is possible to make it run smoothly. This county Association handles all funds in connection with the work.

**Grants:** The county council gives a grant of £50 annually towards the salary of every district nurse midwife. In addition it pays the salary of the superintendent.

**Fees:** There is a voluntary provident scheme whereby each individual who contributes four shillings a year to The West Sussex County Nursing Association receives free nursing care and midwifery at a reduced rate. For those who do not pay the subscription the fees are double. The charge for very poor cases is fixed according to their income and if necessary they receive free nursing care.

A car is provided for the superintendent and bicycles for the nurses.

The scheme of county nursing would be ideal if all the nurses were fully trained health visitors and qualified nurses, but financially this seems impossible in West Sussex at the present time. However, one is impressed with the good work these district nurses do under careful supervision, but their health teaching is restricted as they themselves have not had sufficient training or education along health lines.

## *Social and Humanitarian Work of the League of Nations*

Dame RACHEL CROWDY

The primary aim of the League of Nations is to maintain peace. It seeks this not only by trying to establish general disarmament but also by working for social welfare. Unsatisfactory social conditions are a source of discord both nationally and internationally. They should be removed for the sake of general progress, and the League of Nations is in many cases able to accomplish things which would be difficult or impossible for the individual countries to do alone.

The social welfare work of the League forms one division of the League's activities, and is dealt with in its Section for Humanitarian and Social Questions. It is a broad division which includes a great many different kinds of work, these also varying somewhat according to the particular needs of the moment. Some of these tasks, such as the traffic in women and children and the traffic in opium, are the responsibility of the League as laid down by the Covenant. Others, like the repatriation of prisoners of war or the refugee question, have been taken up by the League either in general accordance with the spirit of the Covenant or in response to the indication of public opinion.

At first doubt was expressed in certain circles as to whether such work should be undertaken by the League. Monsieur Léon Bourgeois, the eminent Frenchman, who has contributed so much to the League, very clearly affirmed a contrary opinion when he said that a wound could not heal unless it was first cleansed, and that the social welfare work of the League of Nations should have as its first aim the cleansing of the wounds which are a menace to the countries in which they fester as well as to the world as a whole.

The first important humanitarian task undertaken by the League of Nations was the repatriation of prisoners of war. Over 400,000 war prisoners of 27 nationalities were waiting to be repatriated in Siberia in the spring of 1920. Even the International Red Cross had made efforts in vain, and a great number of these unfortunate people were living in the greatest misery. The undertaking was tremendous and funds were almost non-existent; but within two years all these prisoners were repatriated. In a similar way the League has rendered assistance to a million and a half Russian refugees with food, lodging, passport arrangements, as well as employment. This work was later handed over to the International Labour Office.

In the Treaty of Versailles a provision was inserted in regard to the International Opium Convention of 1912, which was an excellent document, but not in full working operation. In 1920 the first assembly of the League of Nations decided to establish an Advisory Committee on Traffic in Opium and other Dangerous Drugs, Article 23 of the Covenant of the League entrusting the League with the duty of supervising the execution of agreements with regard to the traffic. Now 55 countries have signed the ratification of the Convention of 1912, which has thus become truly international.

How has this result been obtained?

First, the great force of public opinion has been utilized. No publicity had formerly been given to the question, so publicity on a wide scale was undertaken. Formerly when any good results were achieved in any country or when flagrant delinquency had been proved, no one knew anything about it in other countries. Now, on the contrary, if a good law is passed, all the newspapers publish the fact; if an in-



fringement of the law is punished the news is published at once all over the world.

The means of achievement have been:

(1) Conferences and committees held in Geneva, the results of which are at the disposal of all countries.

(2) A system of exchange of information. If, for instance, a quantity of one or more of the drugs in question is confiscated in a certain country, the League is immediately advised with details concerning the confiscation by the Government of the country and is thus able to report the matter to all the countries members of the League. As a result of this, accomplices are discovered and international rogues are prevented from continuing their traffic.

(3) A limitation of the production of opium in certain countries. This production must be reduced and public opinion must be aroused in order that results may be obtained. The limitation will have to be gradual, a too rapid suppression being impossible, for economic reasons. India has already agreed to reduce her export of opium by ten per cent. for a certain number of years. Persia also has consented to try this method for three years. At the end of that period it will be decided whether the reduction can be continued.

In accordance with Article 23 of the Covenant, the League has occupied itself with the question of *traffic in women and children*. Not many years ago the majority of people, even those engaged in social work, were ignorant of the existence of this disgraceful traffic. In March, 1923, at the second session of the Advisory Committee which was appointed by the League to advise the Council of the League in regard to the traffic in women and children, the representative of the United States (Miss Grace Abbott) submitted a memorandum in which she recommended that the League of Nations should institute an investigation to ascertain certain facts rela-

tive to this traffic. It was decided that a general study of conditions should be undertaken and a body of experts were appointed by the League, who have not hesitated to dig into the depths of the underworld in order to learn the truth. They were able to find out for themselves that this scourge, this shameful traffic, does exist and is a crying evil in all countries.

It was proved that the majority of the women who are victims of the traffic are foreign to the country in which they dwell, about 70 per cent. being found in certain countries where the number of registered prostitutes is high. The men who ply this trade for money alone find it advantageous to expatriate these unfortunate beings and to place them in brothels which are under licensed supervision, where they may spend years of their lives, unable to escape because they have no money and no passports. The persons engaged in the trade made their fortunes in a few years. One of them, for instance, gained £12,000 in two years. Another found it worth while to make six journeys from Europe to South America in one year, taking three or four women each time.

The experts stated that in every country where regulated prostitution still exists there is a demand for women, and houses are found in which to place them. Even if one does not enter into the moral or hygienic side of the question, it is easy to realise how terrible this evil is. The body of experts agreed unanimously that public opinion should be aroused through publicity, because laws would be useless without the pressure of public opinion.

Nurses can do much, I think, to arouse public opinion in this direction. They should be in the vanguard of social activity, not hesitating to speak on this question when it seems advisable, giving information to those who are indifferent through ignorance. Is it known, for example,

that in certain countries children of ten and twelve years old are placed in licensed houses? If this were generally known would not public opinion be stirred into action? We should see to it that children and girls were better informed about possible dangers in this direction. Young people, who so often do not realise the consequences to which their actions lead, for the prostituted women, ought to be *made to think*. The League is also preoccupied with *child welfare* in its various aspects. At first it was difficult for people in general to understand and accept the idea that this should be a subject for international consideration. They said: "Let each country act as it thinks best: questions regarding the repatriation of children are international problems, but the welfare of the child is a national one."

Experience has taught us, however, that in many of its aspects child welfare may be studied to advantage internationally. A study of compara-

tive legislation dealing with the protection of life and health in early infancy, child labour, etc., is exceedingly useful. Problems connected with cinematographs, alcoholism, the delinquent child, the protection laws for the illegitimate child, etc., have much greater opportunity of satisfactory solution if they are taken up from an international point of view.

We have no time now to enter into details; one of your colleagues is a member of the Advisory Commission for the Protection and Welfare of Children and Young People and she can give you further information. It is easy to see that, as the League of Nations was founded for peace, the amelioration of the conditions of children in all countries comes within the sphere of its activity, for, as I said before, unsatisfactory social conditions are a source of discord. Could there be worse social conditions than those which cause suffering to children?

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### *The Message of the Cornucopia*

"What a handy bag," exclaimed a patient the other day. "I noticed you rattled a piece of paper and, presto, a paper container! Please show me how it is made, for it would be so handy about the kitchen, out picnicking, and at Christmas the children can use them for tree decorations? I can get some coloured paper and show them how to make baskets for their Christmas candies."

The nurse was delighted with these enthusiastic suggestions and proceed-

ed to demonstrate the various uses of the cornucopia in the sick room.

Does not this humble article of our daily routine suggest some of the characteristics of our Order? Its varied and manifold usefulness, its economical aspect and the prompt service rendered.

As the cornucopia typifies the horn of plenty, so may we continue to send forth a bountiful, efficient service to all. — From the Victorian Order Nurse.



## *Vignettes from the History of Nursing*

*By Members of the School for Graduate Nurses, McGill University, Montreal, with Introductory Note by Maude E. Abbott, M.D., Lecturer on the History of Nursing. (Continued.)*

XVI

### MARCELLA

By ELSIE G. OGILVIE, Lakefield, Ont.

Marcella lived at the end of the fourth and the beginning of the fifth century. She was descended from the illustrious family of the Marcelli of great wealth. Her father died early in life, leaving her mother a widow at the time when Athanasius came as an exile to Rome, in 340 A.D. They lived in a palace on the Aventine Hill, which was the most aristocratic quarter of the city. There were about one hundred and thirty palaces in this locality.

It was from Athanasius and his companions that Marcella had heard of Anthony and the monasteries of Theboid, and at this time she received her first impulse to the ascetic life. Marcella married, but her husband lived only seven months. She later refused a second marriage with the distinguished and wealthy Cerealis, a man of consular rank but advanced in years. When the Egyptian monk, Peter, came to Rome in 374 A.D., she definitely made up her mind to join the monastic profession, thus introducing into Rome the first example of monastic life.

She continued to live with her mother in a very simple way. She gave all her costly ornaments to wealthy relatives, and the rest of her wealth to the poor. They converted their home and also their country seat near Rome into monasteries. She dressed herself in simple garb, gave up meat and wine, and spent her time in taking care of the poor. She also went on pilgrimages to tombs of apostles and martyrs.

When Jerome went to Rome in 382 A.D. she sought him out on account of his repute for Biblical learning, and made him, at first against his will, her constant companion. She

gathered around her several women, and Jerome was the spiritual father of this circle: its centre and leader, whose narrow, and at the same time self-renouncing piety, set its stamp upon it. Jerome taught Marcella the Hebrew language, and she was the first to enter into monastic widowhood. It was partly Marcella's example and influence which led Fabiola and Paula to give up their worldly lives for one of devotion and service to the poor and needy.

Marcella's home became a kind of convent dedicated to the study of the Scriptures. Marcella, who was eager for information, would not accept anything doubtful, and Jerome found himself in the presence of a judge rather than a disciple. Very often she took him to task for his severity and quarrelsomeness. In spite of this Jerome spoke of her thus: "All that I have learned with great study and meditation, she learned also, and with great facility, without giving up any of her other occupations or neglecting any of her other pursuits." Also, "How much virtue and ability, how much holiness and purity I found in her I am afraid to say." She was very often consulted by priests and bishops about obscure points in the Scriptures and excited their admiration by the acuteness of her judgment. Her serenity and the beauty of her character led Jerome to speak of her as the "pride of Roman matrons."

Marcella was not immoderate in her asceticism and she followed the counsel of her mother, whose society she never left. After her mother's death she retired to a little house outside the city with Principia, whom she adopted as a spiritual daughter, and here she devoted the remainder of her life to good works.

She was still interested in Jerome's theological pursuits. When

Rufinus came to Rome and disputes arose as to his translation of Origen's *Periarchon*, she threw herself eagerly into the controversy. Having in conjunction with Parminaetius and Oceanus ascertained Jerome's view of the matter, she urged the Pope Anastasius (400-403 A.D.) to condemn Origen and his defender. When he hesitated she went to him herself and pointed out the passages which she contended, though veiled in Rufinus' translation, demanded condemnation. Anastasius yielded, and then followed Theophilus of Alexandria in his condemnation of Origen and his upholders. Thus Marcella was the origin of this great victory.

The Goths made several attempts to plunder Rome of its great wealth. In 405 A.D. the city walls were repaired, which checked their advance. In 408 A.D. two thousand barbarians had over-run the plains of northern Italy and attempted another attack on the city, but they were repressed or sent away by the Romans paying immense sums of money.

During the sack of Rome by Alaric and his hordes in 410 A.D., they burned the Imperial Casino in the gardens of Sallust, which was just inside the gates, and the remainder of the city was abandoned to plunder, except the two sacred churches of St. Peter and St. Paul. These were saved for the refuge of women and children.

Finding Marcella living in a small house they thought she was just feigning poverty and they tortured her mercilessly, trying to discover the hiding place of her treasures, which she had already given to the poor. She threw herself at the feet of the Gothic chieftain and begged him to save Principia. Finally he allowed them to be taken to the church, where, after a few days, Marcella died, apparently insensible to her sufferings. Principia was her heir: as Jerome states, "Heir to her poverty rather than her wealth, or

the trustee of her legacy to the poor."

## XVII

### MARCELLA

By GERTRUDE F. MARTIN, Quebec, P.Q.

Marcella, a descendant of the wealthy and respected family of Marcelli, lived in Rome at the end of the fourth and the beginning of the fifth century. She was a great friend of Jerome, and we know her chiefly through his works and his memoir of her.

Her father died when she was quite young, and she was living with her mother when Athanasius came to Rome in 340 A.D. Through him she heard of the monasteries of Theboid and first thought seriously about this life. She married, but her husband died after seven months, and though she was still very young and had a splendid offer of marriage from a very distinguished man named Cerealis, who was considerably older than herself, she refused him, choosing to live quietly with her mother.

When the Egyptian monk, Peter, came to Rome in 374 A.D. she decided to join the monastic profession and was the first woman in the city to do so. She continued to live with her mother in their grand home, but she gave away her most precious possessions to her relatives, and the rest of her wealth to the poor. She lived very simply, but did not go to the extreme in denying herself.

In 382 A.D., Jerome, a man noted for his knowledge of the Bible, came to Rome. Marcella sought him out and was constantly with him: at first against his will. Other ladies who wished to follow her in this profession joined themselves to her, and her home was made a sort of convent where they studied the Scriptures, prayed and sang psalms.

Marcella was very anxious to learn and was very keen for explanations, and kept Jerome busy with her queries. He wrote about fifteen treatises on difficult passages of



Church history and scriptures for her.

Paula and Eustochium, two friends of Marcella's, went to Palestine to live in Bethlehem, and Jerome hoped that she would accompany them; but although they wrote to her telling her of all the wonders of the Holy Land, she chose to remain in Rome. When her mother died she and her little band of followers moved to a small house just outside the city, where they continued their good works. A young lady named Principia was their constant companion.

When Rufinus and his followers came to Rome and there were disputes concerning his translation of Origen's works, Marcella found out Jerome's ideas on the subject and soon set herself to oppose Rufinus. She was so anxious to refute the

wrong statements and have Rufinus and his followers expelled from Rome that she went to Pope Anastasius herself with the passages and finally succeeded in having him condemn them. Jerome gives her great praise for this accomplishment.

When Rome was sacked by Alaric, the Goths thought that she was pretending poverty in order to hide her wealth and treated her very cruelly. Finally, however, they allowed her and Principia to take refuge in the church of St. Paul. Her faith was very great, and although she scarcely seemed to notice her sufferings she survived only a few days. Leaving all her possessions to the poor, she died begging Principia to keep on the work among the faithful women and the poor.

### *The Prevention of Maternal Mortality in England*

A meeting attended by representatives of associations in touch with working women, was held in London on October 27, 1927, to consider how, by the dissemination of information and by administrative measures, maternal mortality might be reduced.

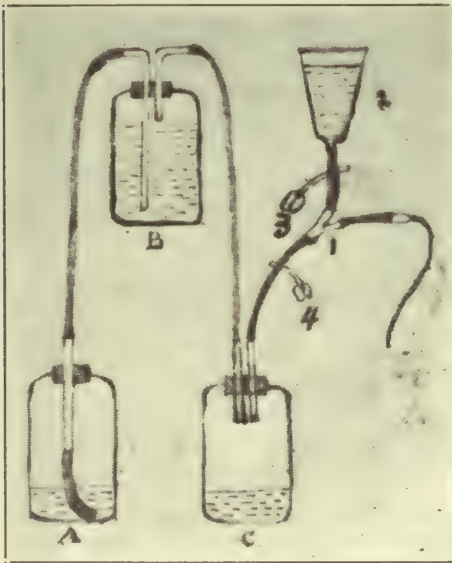
Sir George Newman, Chief Medical Officer of the Ministry of Health, gave the principal address, in which he said that, taking the average of the last ten years, 750,000 women in England and Wales gave birth to children each year. In rendering that service to the nation 3,000 of them died in the act or so soon after that the death was attributed to childbirth, and thousands of others, as evidenced by insurance returns and hospital records, suffered from impairment of health. Of the women who died, 75 per cent. were under 35. He sometimes thought that there should be an inquiry into every death from childbirth, for such deaths seemed to him to call for explanation as much as any fatal accident. Three principal measures

were urgently necessary. The first was prenatal hygiene: local authorities had provided between 700 and 800 ante-natal centres, but at present only a small fraction of the 750 000 women just mentioned were receiving effective assistance. It was necessary to create a public opinion which would lead the pregnant woman to consult her doctor in a simple and natural way at the earliest juncture. The second need was for maternity homes. Partly because of the necessity for satisfactory treatment, and partly because of the frequent inadequacy and unsuitability of home accommodation, there were many cases of childbirth in which the woman should be delivered in a maternity home. Since the organization of the Ministry of Health 150 maternity homes, with 2,300 beds, had been established or approved, but further provision on a large scale was still required. The third need was for skilled and competent assistance at childbirth. — *The British Medical Journal*, November 5, 1927.

## Continuous Lavage

By EUGENIE M. STUART, Toronto General Hospital, Toronto.

In this article I shall try to present a further addition to the armament of those actively interested in the care of post-operative patients. Many ideas have been evolved to lessen the discomfort of surgical patients following operation. These have been, or will be, no doubt, enlarged or improved upon. The continuous lavage which I wish to introduce is the result of combining two such ideas.



A sprengel pump is connected with an interstitial jar and duodenal tube. The whole is connected as shown in the diagram: Two (2) contains a solution, e.g., 5 per cent. soda bicarbonate. One (1) is a glass "Y" connecting tube with duodenal tube leading to the patient's stomach. By closing the tube by clamp 4 and opening 3 the fluid is run by gravity into the patient's stomach. When a sufficient quantity is run in, the tube is closed by clamp 3 and 4 is opened. The fluid and the stomach contents are then removed by the action of the sprengel pump. By repeating this

process at intervals indicated by the patient's condition the stomach can be kept empty and dilatation prevented. In operating the two way duodenal pump a point that must always be remembered is that the lower end of the tube from the high bottle B must be under the level of the water in the receiving bottle A.

The only valid objection that might be brought forward is that the apparatus requires a considerable portion of the available space about the patient's bed. This is only partly true as it can be set up in the space occupied by a small bedside table.

This treatment removes the discomfort of vomiting and effaces the interrupted use of the larger lavage tube. The majority of patients lie quite comfortably on their Gatz frame, raising no objection to the small duodenal tube. It relieves the patient who develops an acute dilatation of the stomach as considerable flatus is drawn off with the stomach contents. Persistent vomiting is the indication for instituting this treatment. Thus it is of value in three types of cases:

1. Post operative ileus, threatened or actual.
2. Peritonitis.
3. Persistent vomiting following operation.

Its use in these cases prevents the collection of fluid in the upper gastro-intestinal tract: obviates the repeated use of the lavage tube and precludes the possibility of an acutely dilated stomach.

In renewing subscription to The Canadian Nurse, a Canadian nurse resident in California writes: I should not like to miss the journal this year for I am sure it will be an interesting year. I do not like to plan so far ahead, but hope to be in Montreal among the veterans if all is well. I enjoy the magazine and I have taken it from the first year.



## Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,  
Miss FRANCES REED, General Hospital, Montreal, P.Q.

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### *Teaching of Materia Medica in Schools of Nursing*

By ANNIE F. LAWRIE, Instructor of Nurses, Royal Alexandra Hospital,  
Edmonton, Alta.

There are no doubt several methods employed in the teaching of materia medica in schools of nursing, each of which has its own especial value. In any one case, the instructor must draw out an outline of the subject matter to be covered in a definite number of class hours and arrange her material according to the plan decided upon.

It is generally agreed that the subject of solutions belongs to the domain of materia medica. This preparatory course is given in the preliminary period and consists of a series of fifteen to twenty class hours. The greatest difficulty that the teacher encounters here is the inadequate knowledge that even some of the advanced students possess of arithmetic. This difficulty is overcome to a certain extent by having frequent drills beginning with reduction in weights and measures and then following up with the addition, subtraction, multiplication and the division of fractions, as well as in decimals and the metric system. This is followed up with calculations in the making of solutions of given strengths, calculations of fractional doses and children's doses.

Blackboard space is most essential here in giving the instructor an opportunity of detecting and correcting individual errors during the calculation of problems by successive groups of students. When the problems have been mastered, the

student is then taught every practical detail in the actual preparation of various solutions which is taken up conjointly with the study of the commoner disinfectants and antiseptics, i.e., their source, action, dosage and toxic effects as well as the antidotes to be employed in their first aid. Wherever possible, experiments are employed to demonstrate the specific action of these drugs.

The course in materia medica proper follows almost immediately on the completion of the preliminary period and consists of from twenty to thirty class hours. Here again the instructor must arrange her material according to the plan decided upon. It seems more rational to study together the drugs that act upon one particular system both as depressants and stimulants and follow them out in that order. Each class period should begin first with a definite assignment for future study and then with a short quiz of from ten to fifteen minutes duration on material taken up during the preceding period. This is followed by the presentation of the new subject matter which is accomplished partly by lecture and partly by discussion combined with thought producing questions.

In order that the student may obtain the full value of her class work there must be correlation with her ward work as well. This linking up can be accomplished by the project method. The student selects a drug

that is being administered to a patient under her care and at the following class period reports her findings. The kind of case treated and dosage given, source and history of the drug, its action and therapeutic uses, together with the symptoms of toxic action and the first aid treatment are all dealt with in her report to the class. Besides being of value in reviewing the drug, this method acts as a stimulus to the student, arousing her interest and linking up more closely with the practical side of her work.

The blackboard is a helpful means for fixing certain points in outline form, for drawings or the spelling of difficult terms. Illustrative material in the form of the crude drugs as well as the drugs in preparation used on the wards, can be arranged on sheets of cardboard for demonstration during the class period. This gives a visual picture of the drug in its many forms and acts as a stimulus in arousing interest. Lantern slides showing the sources of crude drugs, their method of collection and transportation, as well as places of interest in connection with materia medica, add another most helpful stimulus to the student's interest in this so called "dry" subject.

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### Midwives

*The Nursing Times*, December 31st, 1927, reprinted in part an article published in *The Medical Officer*, written by a member of the Association of Inspectors of Midwives (England) under the title "The Midwife of the Future and her Work." The following extract is copied from *The Nursing Times*:

One obvious and important fact is that our future midwife must also be a general-trained nurse.

The present-day midwife is doing her very best, but she has not the advantages of the general-trained mid-

wife, who usually has an entirely different view of her work. She can visualize probabilities and possibilities in a manner that one who has had only midwifery training could not be expected to do. Ante-natal work to her is the kernel of midwifery, and her years of hospital training have taught her to be observant, obedient, diplomatic and resourceful. She seldom, if ever, contravenes the rules of the Central Midwives' Board.

Our object of the future must be to attract this very desirable type of woman to midwifery, since it is the right of every woman who is bearing a child that she shall have the highest possible skill bestowed upon her during her pregnancy, labour and lying-in period. To do this we must secure for the midwife reasonable conditions, an average amount of rest and recreation and adequate remuneration.

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### "Lest We Forget"

At a recent meeting of the Alumnae Association of the School for Graduate Nurses, McGill University, Montreal, the members decided to establish a memorial to the honour and memory of their late beloved Director, Miss Flora Madeline Shaw, who was called away suddenly last summer while in England, en route to Canada, having represented the Canadian Nurses Association at an interim conference of the International Council of Nurses in Geneva.

Miss Shaw's nurses, realizing that her name should live forever, have undertaken to raise among themselves the nucleus of an endowment fund, which will be used to further nursing education through the School for Graduate Nurses, McGill University.

Conscious of Miss Shaw's ardent interest in nursing education and the distinct contribution of her life's work towards it, the Alumnae are gratified to honour her esteemed memory in this way.



## HISTORY OF NURSING SOCIETY, MONTREAL

The School for Graduate Nurses at McGill University held a meeting on February 9th, at the Nurses' Residence of the Montreal General Hospital, to discuss the organization of a History of Nursing Society. The meeting was well attended by graduates of both the French and English schools.

Dr. Maude Abbott explained the aims of the History of Nursing Society of Teachers' College, Columbia University, of which she is an honorary member and to whom credit must be given for the first suggestion of forming a similar organization in Montreal.

Everyone present was in favour and the following officers were elected: President, Miss N. D. Fidler; Vice-President, Miss E. M. Palliser; Secretary-Treasurer, Miss E. C. Ogilvie; Executive Committee, Miss Batson, Miss Bliss, Miss Dickson, Miss LeCompte, Miss Ethel Sharpe, Miss Slatery.

The honorary members appointed were: Dr. Maude Abbott, Miss A. Nutting, Dr. Helen R. Y. Reid, Miss Mabel Hersey, Miss Isabel Stewart, Rev. Mother Mailoux.

Some of the aims and objectives of the Society are: (1) To collect and preserve authentic historical materials relating to nursing, hospitals, etc. (2) To honour pioneers and leaders who have made some substantial contribution to nursing history. (3) To keep in touch with current developments in nursing, both national and international.

The first regular meeting was held on March 16th, and the evening was dedicated to the Montreal General Hospital. Dr. Maude Abbott very ably gave the early history of the Hospital and accompanied her address with slides. The society was most fortunate in having Dr. Abbott give this address, as she is at present writing a history of the Montreal General Hospital and the facts were quite authentic.

Misses Charland, Robertson, Welling and Mackenzie collected material relating to the history of the training school. The

paper was given by Miss Mackenzie and was most interesting.

Miss Webster and Miss Strumm added to the evening very much by giving some reminiscences of the early days, in which they actually took part.

## REFRESHER COURSE FOR NURSES

The Public Health Clinic of Dalhousie University, Halifax, is again planning a Refresher Course for Nurses, under the auspices of the University and with the co-operation of the Registered Nurses Association of Nova Scotia. The programme being arranged will include lectures of interest to all nurses. Demonstrations, round tables and conferences are being arranged. The dates for the course are June 25th to 29th, inclusive.

Application forms and further information may be obtained from Miss A. Edith Fenton, Superintendent, Public Health Clinic, Dalhousie University, Halifax, Nova Scotia.

## TEACHERS' COLLEGE, COLUMBIA UNIVERSITY

On Tuesday, April 10th, the installation of William Fletcher Russell, Ph.D., LL.D., as dean of Teachers' College, Columbia University, took place with fitting ceremony. Among group conferences held on the following day was one on Nursing Education, arranged by Professor Isabel M. Stewart, at which Miss S. Lillian Clayton, president, American Nurses Association, presided. The general topic, "Possible Changes in Departmental Objectives and Requirements to Meet Changing Professional Needs," was discussed separately by four groups: (1) Administration in Schools of Nursing; (2) Public Health Nursing; (3) Teaching in Schools of Nursing; (4) Supervision in Schools of Nursing. Following an hour's discussion these groups united and with Miss Isabel M. Stewart presiding, further conference was held, led by Miss Mary M. Roberts, editor "The American Journal of Nursing," and Miss Elizabeth Fox, director, Public Health Nursing Service, American Red Cross.

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Keep your face always toward the sunshine, and the shadows will fall behind you.—M. B. WHITMAN.

## Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,  
Miss AGNES JAMIESON, 1230 Bishop St., Montreal, P.Q.

### *Preparation of Diabetic Diets in a Private Home*

By HELEN FIELD, Dietitian, Memorial Hospital, St. Thomas, Ont.

Since diet is the foundation of treatment in diabetes, and since, to be successful, it must be continuous, it is important that it should be as varied as possible.

Very often the first diet used for a patient is a basal diet. By this we mean a diet which simply provides sufficient food for the needs of the body while at rest in bed. Let us take as an example a basal diet for a patient weighing 176 pounds:—

sist in substitutions for foods already in the menu. A monotonous diet must be avoided as it tends to make a patient dissatisfied with the meals.

At breakfast, instead of corn-flakes, 1 shredded wheat biscuit may be used, or 5 tablespoons of dry rolled oats, cooked in the usual way for several hours. The 2 slices of bacon might be changed occasionally to 1 slice of bacon and 1 egg, or to

#### BREAKFAST:

Food	Wt. in Grams	Approximate Measure
10% fruit .....	50	½ medium orange.
or 5% fruit .....	100	½ medium grapefruit.
Cornflakes .....	30	1 average serving.
Breakfast bacon .....	60	2 slices.
16% cream .....	120	8 tablespoons.
Butter .....	25	2½ tablespoons.
Bran muffin .....		1
Tea or coffee		

#### DINNER

Food	Wt. in Grams	Approximate Measure
Clear broth .....	—	1 cup.
10% vegetables .....	150	1 large serving.
Lean meat .....	60	2 small pieces.
16% cream .....	30	2 tablespoons.
Custard .....	1	
Butter .....	25	2½ tablespoons.
Tea		

#### SUPPER

Food	Wt. in Grams	Approximate Measure
Clear broth .....	—	1 cup.
10% fruit .....	150	1 large serving.
5% vegetable .....	100	1 average serving.
Eggs .....	2	
16% cream .....	30	2 tablespoons.
Butter .....	25	2½ tablespoons.
Bran muffin .....		1
Tea		

It will be noticed that this diet is kept as near a normal diet as possible and when a basic menu such as this is once arranged, variations con-

2 eggs and an extra tablespoon of butter. The cream used is ordinary coffee cream.

At dinner the clear broth is obtained by making vegetable soup with meat stock, and straining or



using clear strained meat stock carefully seasoned. Oxo and Bovril may also be used. These clear broths have no food value but they help to make the meal seem more complete and they act as an appetizer to the patient. The vegetables may be any of the 10% list or twice as much 5%. Vegetables should be cooked in as small an amount of water as possible, and when tender salt and pepper may be added, and some of the meal's supply of butter.

It is well to try and use the meat and vegetable which the rest of the family are having. If the vegetable is to be creamed, a serving may be taken out before the cream sauce is added, and it may be prepared for the patient. The meat may be any lean meat, except pork, and usually it is best roasted or boiled. Occasionally a fried meat makes a pleasant change, and since it is always thicker than roast meat, a smaller piece is used. It may be fried in some of the meal's supply of butter, or in mineral oil, or it may be broiled over a flame and some of the butter melted into it. It must be remembered, however, that no extra fat must be added in the preparation of food: in fact, nothing may be added to the diet unless it has no food value. Fish may be substituted for meat and an extra tablespoon of butter should be added when this is used. It may be boiled, steamed or fried in mineral oil or some of the meal's supply of butter. The custard is made as any baked custard, using 1 egg, 10 tablespoons of milk, saccharine and vanilla. This is divided equally into two custards so that they may each have the same food value.

At supper the clear broth may be used again and the serving of vegetables may be a salad or it may be cooked. As most of the salad vegetables belong to the 5% list most attractive combinations may be made. One of the eggs at supper might be hard cooked and used with

the salad. A dressing made with mineral oil helps to make the salad appear more interesting. The eggs, if not used in the salad, may be poached, cooked in the shell, scrambled or made into an omelette; or they may be changed to 1 egg and 1 slice of bacon, or to 2 pieces of lean, cold meat and an extra tablespoon of butter. The fruit may be any from the 10% list, or a smaller serving of the 15% fruits. While fresh fruits are in season it is not difficult to obtain variety, but in the winter it is not so easy to avoid sameness. To overcome this fruit should be canned without sugar for winter use.

The bran muffins used are made as follows:

- 1 cup washed bran
- $\frac{1}{2}$  teaspoon baking soda
- $\frac{1}{2}$  teaspoon salt
- 1 whole egg
- 1 egg white
- 7 tablespoons butter
- 6 tablespoons buttermilk

Beat whole egg well; add bran, creamed butter, baking soda and buttermilk. Fold in stiffly beaten egg white and divide evenly into 6 muffins. The muffin tins should be greased well with mineral oil. The bran is washed to remove starch: This is done by using 1 cup ordinary bran to 3 cups cold water. Place on the stove and bring to a boil. Drain, add fresh water and repeat three times. Pour into a cheesecloth bag, tie under a running water tap and rinse four or five hours. Squeeze out as dry as possible and spread in flat pans. Dry thoroughly in a warm place.

If a patient is hungry between meals, flat bran wafers may be made, which have no food value, and they may be used with a cup of clear broth or clear tea or coffee. To make them use 1 cup washed bran, 1 tablespoon India Gum, a little cinnamon, salt and warm water to make a soft dough. Spread in flat pans, greased with paraffin oil, mark in squares and bake in a slow oven until dry and crisp.

The recipe for the mayonnaise dressing made with the mineral oil is:

- 1 egg
- 1 teaspoon paprika
- 1 tablespoon mustard
- 1 teaspoon salt

Mix dry ingredients and add a slightly beaten egg. Add two cups mineral oil very slowly, beating until stiff. Add lemon juice to bring to desired consistency.

It is important that a diabetic patient should understand that he must not eat any food which is not in his diet unless it is a non-nutrient; and also, that he should eat all the food served to him, particularly if he is having insulin. The nurse preparing the diet must learn her patient's likes and dislikes so that she may use and prepare food which he will like.

Much time and care in preparation and a knowledge of the methods of cookery are essential in the preparation of food for a diabetic.

Vegetables and fruits have been arranged according to their carbohydrate content as follows:

**5% Vegetables:** Mushrooms, lettuce, cucumbers, spinach, asparagus, vegetable marrow, greens, celery, watercress, cauliflower, cabbage, radishes, onions (cooked), tomatoes.

**10% Vegetables:** Pumpkin, turnips, squash, beets, carrots, onions (raw), green peas (canned).

**10% Fruit:** Watermelon, strawberries, lemons, cranberries, peaches, cantaloupe, pineapple, oranges.

**15% Fruit:** Raspberries, apricots (fresh), pears, apples, blueberries, cherries.

**Non-nutrients:** Clear broth, Oxo, Bovril, bran wafers, mineral oil, clear tea, clear coffee, vinegar, salt, pepper, saccharine, washed bran, cellulose flour.

## *Private Nursing : An Appreciation*

By the Public Health Nurse who asked for help.

Recently in Toronto, two young graduates from the MacDonald Training School for Nurses were asked by the Central Registry to take a very difficult and undesirable case. Their manner in handling it, and their devotion to duty is well deserving of mention.

The case was that of a young unfortunate woman of the streets, a confirmed drug addict, diseased, and having a long court record. Owing to the complication of quarantine in the home, there was some difficulty in making arrangements for hospital care; meanwhile the patient suffering from pneumonia was in urgent need of nursing attention.

The home was in the rear of a lane, in a most undesirable part of the city. Neighbours had taken the girl into their home out of goodness of heart, had set up her bed in their living room, but further than that felt they could do nothing as the woman of the house was totally blind. The patient, who had been ill for four days before receiving atten-

tion, had gone to bed in her street clothes, and naturally the condition of patient and bed was indescribable when the nurses arrived.

Although it had been arranged for the nurses to relieve one another at twelve hour intervals, owing to the terrible locality and the continual stream of undesirable enquirers, the nurses chose to work together, relieving each other as best they could.

For thirty-six hours they carried on uncomplainingly, ministering to the poor unfortunate. Delirious the greater part of the time, craving for drugs and intoxicants, using unspeakable language, to care for such a patient was no easy task.

The sympathetic manner in which they tended her, their unflinching efforts to do all that was in their power to make her few remaining hours as comfortable as possible, and their appreciation of the efforts of the neighbours, have left a record in that neighbourhood of which the Central Registry may be proud.



## Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,  
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

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### *A Rockefeller Foundation Fellowship*

By MARY E. STEVENSON, Central Supervisor, Victorian Order of Nurses for Canada

Four Victorian Order nurses, one from Halifax, one from Toronto, one from St. Catharines, and one from Ottawa, met in New York on September 6th, 1927. Each was starting out on a new and glad adventure made possible by the award of a Rockefeller Foundation Fellowship. The fellowships gave periods for post-graduate study, practice and experience, of four months, six months, and nine months, respectively, dependent upon what the Fellow had asked for; and arranged to give what each most desired to have. Consequently, the plan for each varied. However, all were agreed as to what they wanted in New York. The month of September was spent with the East Harlem Nursing and Health Demonstration, visiting in the homes with the nurses, attending the numerous and excellent clinics at the centre, learning something of the statistical department's work and of the studies made, reading the literature prepared by members of the East Harlem staff, and attending staff conferences.

And, as if this did not make the days full enough, a number of interesting excursions were arranged to Henry Street Ante-Natal Clinic, to hospitals, and notably to Mt. Sinai, Dr. Wylie's Mental Hygiene and Habit Training Clinic, to the Maternity Centre's clinics, to the Millbank Demonstration, to Vocational Training Schools, the N.O.P.H.N. offices, to the Metropolitan Life Insurance Company's Head Office, etc.

October and one-half of November were spent in Boston with The Community Health Association, established forty years ago as the Instructive District Nursing Association. Four years ago, when some changes were made in the organization, it was renamed The Community Health Association. There are about one hundred and fifty on the staff, and the programme includes a heavy bedside nursing service, very similar to that of the Victorian Order of Nurses, except that there is not nearly so much delivery service. The ante-natal work is excellent, both in the home visiting and the group work with expectant mothers. There is wonderful co-operation in this service between the hospitals and The Community Health Association, thousands of patients being referred in a year.

It was interesting and stimulating to work with the staff for six weeks as we did. We appreciated the value of the special supervisors for nutrition, mental hygiene, posture and muscle training. The maternity supervisor who had charge of the ante-natal work must realize how these other specialists contribute to the value of her work. It means too, a great deal to the staff nurses. We observed this same thing when we were with the East Harlem Nursing and Health Demonstration where such special supervisors also formed part of the personnel.

Very real and worth while staff education goes on continually from day to day and is applied by the

workers in the various situations met. Problems were looked for and were recognized more readily. The strength and value of co-operation was realized in handling them.

We were much impressed by the group teaching to ante-natal patients. It was clear and practical and complete. Well-planned talks and demonstrations were given by nurses, nutrition and mental hygiene supervisors. In the home visits we found the routine included urinalysis and taking of blood pressure by the nurses. We hoped that some day we might be allowed to do this more generally. Reports were always made to the patient's doctor if anything abnormal were found at any of the ante-natal visits. There was a good understanding between the medical men and the members of the nursing service.

We attended classes at Simmons College and at the Community Health Centre—four classes weekly. In Boston, as in New York, a number of interesting and educational visits were arranged for us to hospitals and clinics, special schools and institutions. One wonderful excursion was to the Newton schools where we observed the health educational work undertaken by the teachers: so woven into the lessons that health seemed to permeate everything. Four medical men were engaged in the annual health examination of the pupils on the day of our visit. In the class-rooms definite projects are taken up by the pupils and teachers for the remedying of certain defects. The school nurse helps and advises here and does a good deal of home visiting. The results of such co-operative effort appeared to us to recommend the system.

After the Boston experience our little Victorian Order group separated. One member remained at Simmons College, one returned to New York for special study at Columbia University, and two others proceeded to Nashville, Tennessee. Here we were under the direction of

Miss Abbie Roberts, director of nurse education in the George Peabody College for Teachers, University of Tennessee. The programme arranged for us included some classes at the college, several days with the City Health Nurses, whose work we found similar in many ways to our own: a heavy bedside service is carried as well as the purely educational visits and the well baby and ante-natal clinics, tuberculosis visiting and clinics. Each nurse has a generalized programme in her own district. The funds supporting the City Health Nurses' programme are derived from similar sources to our own: city grant, community chest, and nursing fees received from patients and from the insurance companies.

In Nashville we noticed the splendid work of preparing teachers for health education in the schools. The very able nurse engaged in this work is also a highly trained and gifted teacher. We were privileged to sit in at a lesson period when a number of pupils received a wonderful lesson in ventilating devices for rural schools. The methods suggested appealed tremendously to us. Resourcefulness, ingenuity and practical common sense were evident as well as a sound appreciation of the principle being demonstrated and a marked ability in getting it "over."

Another project taken up in that same teaching period was the drafting of a letter to the parents of each student in preparation for a certain competitive health project to be put on in the school in the near future. Some splendid points were made here and we all got a good deal out of it.

The director of the State Board of Health in Tennessee arranged several days' visits for us, which gave us an opportunity to see and study the work of one of the Commonwealth Fund Demonstrations. We were interested in the good work we saw being done throughout the county by the full time staff of doctors,



nurses, sanitary inspectors and clerks. We were even more impressed by the wise vision and effort shown in the preparation of the community to carry on the project when the five year period of demonstration is completed and the funds will have to be raised locally. So often these elaborate demonstrations are criticised because when they are withdrawn there is no strong organization left and the work languishes and may die. Here we found the very opposite condition: Local groups in all parts of the county were being trained to certain responsibilities and were already beginning to carry some of them. Medical men are taking advantage of the offer of scholarships, enabling them to go for three months post-graduate work. New ideas coming in to stay. The machinery being built of local material to remain there.

Much more could be told of our Tennessee experiences, but space will not allow it. I went next to Alabama to study especially rural public health nursing. My colleague, desiring another branch of work, went elsewhere where she could best secure it.

Miss Jessie L. Warriner, director of nursing of the State Board of Health, and her assistant, Miss Frances Montgomery, planned two weeks full of interest and value to me. I found no voluntary visiting nursing association in Alabama. The public health nursing work is all under the State Board of Health's supervision and direction, and is organized everywhere on the county plan. This plan has been considered very satisfactory and it is hoped that every county in the state will be so organized in the not too distant future. At present slightly more than half of the counties have a public health unit at work. These units may be "3 piece" or "4 piece." The latter consists of a full time medical officer of health, a public health nurse, a sanitary inspector and an office clerk. The "3 piece"

unit has no sanitary inspector. Although some bedside nursing is done by the nurse it is mainly for demonstration and in emergency. Stress, at present, seems to be on vaccination, immunization against diphtheria, inoculation against typhoid, health education, improved water and milk supplies and sanitary toilets. Each of the three field workers has a car, covers much territory and works very hard. In one county I found a nurse with special training in nutrition in addition to the county health unit. The Red Cross paid her salary.

There is ample work to be done in overcoming ignorance, and poverty which is partly due to ignorance. The midwifery service also provides another teaching need. It is astonishing when one studies the personnel of the midwife group that so much has been done. Although a certain depression was noted when this subject was spoken of with some field supervisors who felt that their efforts were so strenuous as compared with results, there has undoubtedly been much progress made. Considering the times and the health needs, and the coloured population with the special problems involved, it appeared that the plan adopted of county public health units meets the urgent need of so many people scattered over a state, and is the most feasible plan at this stage.

It was interesting to visit Watonega County and to see the work in the newly opened centre there. This is a training centre for doctors, nurses and those desiring training to fit them for taking up the work in county health units later on. The periods of training for each group are four weeks and eight weeks respectively.

While writing about Alabama I must mention the school health educational work in the schools of the counties. I found five teachers amongst the personnel when I was in Birmingham studying the Jefferson County health work. One of

these teachers has the position of supervisor. I was privileged to spend time in the office and in the county with her, noting how very good was the reaction of the school principals and teachers to her suggestions and instructions. She chose the four teachers who work with her, selecting them very carefully. This plan has now been in force for several years and has thoroughly proved its value. The nurses with whom I spent days visiting rural schools appeared glad to have this part of the work carried by the teachers and to be able to stress those items they could best do because of their own special training.

From Alabama I went to Philadelphia where I spent a profitable happy time with the Visiting Nurse Society. Miss Kathleen Tucker and her assistants spent much time in giving us a clear knowledge of the organization, its programme (which has many features resembling that of the Victorian Order), its methods, its financing, the formation and work of various committees, matters relating to statistics and studies of cost, etc. It was Christmas week, and wonderful preparations for patients' cheer were in progress. My colleague (whom I met here again) and I, marvelled at the generosity with which we were entertained and informed. The visit was full of value to us and was a very happy one.

Christmas and New Year's were spent in New York, staying at The International House. All who have had this experience realize how rich

a one it is. I cannot say more now of the many delightful entertainments provided for us, but we shall never forget what a happy time it was, and what charming people we met.

Then came our last visit. Providence, Rhode Island. Miss Mary Gardner and her assistant director, Miss Fitzpatrick, freely opened their treasures of knowledge and experience to us and we found the time go all too quickly. The planning and division of the work here gave us something new in our experience, much to weigh and think over. We wished very much that we might stay longer and take some part in such a service, to really try out our reactions to specialized group work. The enthusiasm of the workers we met spoke well for it.

Amongst such a host of experiences and impressions in such fine and varied fields, it is hard to say which is the most prominently fixed in our memory. As the days pass I am finding the knowledge gained helpful to myself and to others, whilst the inspiration of contact with so many outstanding leaders in public health work remains with me, giving me pleasure in recalling them, and a greater appreciation of the privilege that is mine to be a member of the company of those who strive to promote health, to prevent disease and to care for and nurse the sick. It is a wonderful thing to have had the opportunities offered the holders of Rockefeller fellowships, and we are most grateful to have been so honoured.

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I will strive to raise my own body and soul daily into all the higher powers of duty and happiness, not in rivalry or contention with others, but for the help, delight and honour of others and for the joy and peace of my own life.—  
RUSKIN.



## Book Reviews

**Materia Medica and Therapeutics for Nurses:** By John A. Foote, M.D. New fourth edition; 384 pages; price (in Canada) \$3.00. Published by J. B. Lippincott Company, Montreal.

A summary of some of the most outstanding features of this excellent work might determine its selection as either a text book or a valuable addition to the nurses' reference library. In size it is too large (8½"x5½"x1½") to be used conveniently as a handbook in private duty nursing or travelling. A "Consideration of Drugs and Solutions" occupies nearly one-half of the entire text and is accompanied by a very good review of arithmetic, given as a foundation for the study of solutions. The articles commonly requiring disinfection are alphabetically tabulated and the best methods of dealing with each are given. Ninety-four pages are devoted to drugs and medicines, which are studied under therapeutic groupings and according to the various systems of the body. Average dosages are given in the metric system, accompanied by the equivalent in the apothecaries' system. Illustrations relating to the sources of the drugs are singularly absent while others more suited to a book on nursing procedures are conspicuous. Numerous charts and diagrams are to be found illustrating the action of the most important drugs. An extensive reference list of drugs in common use is arranged alphabetically, each being accompanied by the dosage and a synopsis of actions, uses, and methods of administration. There is also an appendix of eighty-three pages giving a synopsis of the principal actions and uses of drugs. The portion devoted to "Poisons and Antidotes" occupies twenty-four pages. The symptoms and treatments are clearly and concisely stated but there is no condensed table for reference in emergency such as one expects to find in a book of this kind. There is, however, a good index at the end of the book. Specific drugs and the numerous modern therapies—such as Organo-therapy, Serum Therapy and Physio-therapy are discussed at length and in a most interpretative manner. Helpful suggestions are given as to the choosing of patients for ward clinics and other means of making this difficult subject both interesting and attractive. Numerous sets of questions for review are given throughout the book.

A close perusal of this book serves to emphasize the opinion that its value would be greater as a reference rather

than a text book. A fair proportion of its contents, through repetition of earlier studies, serves as an excellent review.

OLGA LILLY.

**Couriers of Mercy:** Friendly talks to Nurses, by Rev. Edward F. Garesche, S.J. Published by the Bruce Publishing Company, Milwaukee, Wis., U.S.A. Price, \$1.50.

In this, his latest book, Father Garesche discusses the ethical duties of the nurses as well as some details of nursing education. The spiritual side of nursing and the spiritual duties of the nurse receive attention as well as the more material duties. It seems that the wish of the writer is to develop in the nurse a love of the profession and to offer her encouragement in carrying out her duties, as well as to assist her in living up to her ideals of mercy.

**Who's Who In The Nursing World.** Compiled and edited by H. E. Smithers; published by The H. Edgar Smithers Publishing Company, 139 High Holborn, London, W.C.1, England. Price, 5s. net.

Who's Who in the Nursing World is the Year Book of the nursing profession in England. This first edition contains particulars of administration and examining bodies, colleges, the nursing services, nursing associations, institutions and societies, nurse training schools, clubs, etc., together with details concerning the nursing careers of the leaders of the profession.

**The Nurse's What To Do,** by Miss Dora Vine; published by The H. Edgar Smithers Publishing Company, 139 High Holborn, London, W.C.1, England. Price, 2s. 6d. net.

This is an encyclopaedic index of nursing knowledge. The information is alphabetically arranged and illustrated with original diagrams.

### LEAVE WORRY BEHIND YOU!

All nurses know that worry kills more patients than any other thing. You may be worrying about yourself or about someone you love; about a real trouble or an imaginary one, but the result is the same, ill-health. If you want to get away from worry, from every care, from every annoying thought, put the wide Atlantic between you and your daily grind. Let patients, illness, duty, discipline, early rising, pass into the limbo of forgotten things, and come—all your mind with new thoughts, fresh pictures of beauty, ideas far removed from the routine. Other nurses before you have found rest and refreshment and new friends in joining the All-Canadian Parties to Europe. Write today to Miss Hilda Hesson, 7 Dunstan Court, Winnipeg, and get a fully illustrated booklet and all particulars.

## News Notes

### INTERNATIONAL COUNCIL OF NURSES

The Committee on Arrangements has been notified from International Headquarters that the date of the Congress in Montreal will be July 8th-13th, 1929. Miss M. F. Hersey, acting convener of the Committee on Arrangements, announces that a temporary office for the International Council of Nurses has been established at the Royal Victoria Hospital, Montreal, P.Q.

Recent issues of nursing journals in other countries show that the interest of nurses throughout the world is being turned towards the Congress of 1929. Some organizations already have had a representative of Messrs. Thomas Cook & Son outline for them travel accommodation and arrangements. This firm has prepared a folder, obtainable in the English, French and German languages, containing preliminary information about the Congress.

At the National Conference of the Nurses' Association of China, held in Shanghai in January, 1928, four delegates to the International Congress were elected: Miss Agnes Chan, of Canton; Miss Mary Shih and Miss Ruth Ingram, of Peking, and Mr. Kno Jung Hsien, a male nurse, and surgical supervisor at the Peking Union Medical College Hospital.

### CANADIAN NURSES ASSOCIATION

#### Ticket of Nominations for 1928

For President: Miss M. F. Hersey, Montreal, P.Q.

First Vice-President: Miss K. W. Ellis, Vancouver, B.C.

Second Vice-President: Miss J. M. Grant, Winnipeg, Man.; Miss G. M. Bennett, Ottawa, Ont.

Honorary Secretary: Miss E. B. Hurley, Montreal, P.Q.

Honorary Treasurer: Miss R. M. Simpson, Regina, Sask.; Miss B. Austin, Toronto, Ont.

#### Biennial Meeting, 1928—Hotel Rates

The biennial meeting of the Canadian Nurses Association will be held at the Fort Garry Hotel, Winnipeg, July 3rd to 7th, inclusive.

Rates for hotels easily accessible to convention headquarters are:

#### The Fort Garry:

Room without bath, 1 person.....	\$3.00
Room without bath 2 persons.....	5.00
Room with bath, 1 person.....	4.50
Room with bath, 2 persons.....	6.00

#### Royal Alexandra:

Room without bath, 1 person.....	\$3.00
Room without bath, 2 persons.....	5.00
Room with bath, 1 person.....	4.50
Room with bath, 2 persons.....	6.00

#### The Marlborough:

Room without bath, 1 person.....	\$2.00 up
Room without bath, 2 persons....	3.50 up
Room with bath, 1 person.....	3.00 up
Room with bath, 2 persons.....	5.00 up

Reservations should be made at an early date to assure delegates of comfortable accommodation.

From month to month "The Canadian Nurse" receives contributions to this department relating to events which occurred three months ago, or longer. Such late news cannot be regarded as being of much interest. Contributors are urged to send in each month any material they wish published as it relates to the association which they represent. All items should be signed by the representative and should reach the National Office not later than the 12th of each month to assure publication in the ensuing issue.

### ALBERTA

**Calgary:** We regret to announce the death of Miss Maysie Carmichael, R.N., daughter of the late Dr. A. S. and Mrs. Carmichael, of Calgary. She graduated in 1921 from the Calgary General Hospital, since when she had done private duty work in the city. She died in Boston, Mass., from pneumonia, while on a visit to her sister. The funeral services were held in Calgary on March 30th and were largely attended by members of the nursing profession.

**Medicine Hat:** Miss Watts (Calgary General Hospital) and Miss Alice J. Sample (Winnipeg General Hospital) have joined the staff of Medicine Hat General Hospital.

Mrs. F. W. Gershaw is visiting in New York.

Miss Raven, B.Sc., R.N., of Edmonton, will take charge of the Child Welfare Clinic, Medicine Hat, during the absence of Miss C. Lonsdale, who will do survey work for the Travelling Clinic during the next six months.

### BRITISH COLUMBIA

The annual meeting of the Graduate Nurses' Association of British Columbia was held April 9th and 10th, the president, Miss K. W. Ellis, presiding.

Following the president's address reports were received from the secretary, registrar and conveners of Standing Committees.



Misses May Ewart (Vancouver) and Edith Franks (Victoria) were elected delegates to the biennial meeting of the C.N.A. in Winnipeg. Interesting programmes had been arranged by the Public Health and Nursing Education Committees. The former included addresses by Dr. W. H. Hill on "The Public Health Nurse as an Epidemiologist," and Mrs. B. Cleverly on "Sight Saving Classes." The latter arranged a comparative demonstration in which nurses from the Vancouver General Hospital and St. Paul's Hospital took part. There was also a Round Table Conference conducted by this committee on "The Head Nurse as a Teacher in the Training School." Sister Alphonse, of St. Paul's Hospital, opened the discussion and Miss Stephenson, of the General Hospital, spoke from the standpoint of the head nurse. Miss Jackson, superintendent of the King's Daughter's Hospital, Duncan, V.I., read an excellent paper on the subject and considerable discussion followed. On Tuesday afternoon Dr. D. E. H. Cleveland addressed the general meeting on "The Right and Wrong way of Treating Impetigo, Ringworm and Scabies" and Dr. Frank Patterson spoke on "The Function and Prevention of Deformity in Illness."

On Monday afternoon refreshments were served by the V.G.H. Alumnae and the Vancouver General Hospital, and in the evening by the Vancouver Graduate Nurses' Association.

Musical numbers contributed by Misses Jessie Adams and Flora McKenzie were very much appreciated. The meeting closed with a banquet at the Hotel Georgia, at which Miss Edith Bryan, B.A., R.N., of the University of California, gave a delightful address.

All meetings were well attended. A number of nurses from Victoria, New Westminster and other points in the province were present.

**Vancouver:** The regular monthly meeting of the Vancouver Graduate Nurses' Association for March, which took place in the new home of the Vancouver General Hospital, Miss Ewart presiding, was very successful and well attended.

Great interest was shown by the members in the final discussion of the Nurses' Memorial to the late Dr. Alison Cumming. This is to take the form of the furnishing of a nursery complete, in the Crippled Children's Hospital, Marpole, and was generally considered a most suitable form of memorial to perpetuate the memory of one so interested in nursing activities.

Reports and other business transacted, the meeting adjourned to the rotunda of the new home, where refreshments were served.

**Vancouver General Hospital:** The regular business meeting of the Alumnae was held on March 6th in the rotunda of the new home, Miss Timmins presiding.

Following the meeting a most delightful and interesting talk was given by Dr. R. E. McKechnie on his medical experiences of the past 40 years, which was much enjoyed by all. Refreshments were served by the 1924-25 classes, who were the hostesses of the evening.

At the Alumnae sewing meeting of April 3rd, Miss Geraldine Hartwell, R.N., principal of the Teaching Hospital of the Union University Medical School, Chengtu, China, which is two thousand miles inland from Shanghai, gave a most interesting talk on her experiences in that country. Miss Hartwell was born in China, but took her training at Nanaimo Hospital, where she graduated in 1914. One of the most interesting curios in Miss Hartwell's personal collection of curios was a splinter of wood from the bow of the boat on which she travelled down the Yangtse River en route for Shanghai, when they were fired on by the "Reds."

Classes 1922-23 were the hostesses of the evening, and there was a large attendance to enjoy the exceptionally pleasant evening.

## MANITOBA

**Brandon:** The regular meeting of the B.G.N.A. was held at the home of Mrs. McGuire, April 3rd. Mr. Roy Hunter gave a very interesting address on juvenile delinquency. At the conclusion of the business meeting a pleasant social hour was enjoyed.

On March 23rd the Association were guests of Dr. and Mrs. S. J. S. Pierce, when Mrs. Pierce gave a very interesting talk on a motor trip to Yellowstone Park, showing many beautiful pictures taken en route and in the park.

Misses K. Simpson and I. Miller (B.G.H., 1927), have accepted positions on the staff of the Kindersley (Sask.) hospital.

Miss Ruth Camsfield, who has been doing post-graduate work at the Brandon Hospital for Mental Diseases, has accepted a position on the staff of the psychopathic department of the Vancouver General Hospital.

Miss J. Anderson, who has taken a post-graduate course at the Brandon Hospital for Mental Diseases, has accepted a position on the staff of the hospital.

Mrs. Renwick (A. Collnits, B.G.H., 1916) expects to leave shortly for Winnipeg, where she will reside in future.

**St. Boniface Hospital:** Miss Margaret Meehan is holidaying in Los Angeles.

Much sympathy is extended to Miss Mary Dillon in the loss of her sister.

Mrs. Thomas Coyle (nee Esther O'Connor) has recently suffered a fracture of her left leg.

On March 14th the sisters and pupil nurses entertained the Alumnae in the new Nurses' Home at tea after their business meeting. The musical numbers were much enjoyed.

### NOVA SCOTIA HALIFAX

Miss Gertrude Koing, Victoria General Hospital, 1928, is at home convalescing from a recent operation for appendicitis.

Helen K. Mont, Halifax, left March 4th for Vancouver, B.C., on a visit to her sister, Mrs. H. Erickson.

Miss Eva Bears, of Charlottetown, is visiting friends in Halifax.

Mrs. A. Lennerton left Truro, N.S., March 9th to visit her sister in Detroit, Mich.

Miss Freda Archard resigned her position as charge nurse in the operating room of the Pavilion, Victoria General Hospital, March 1st, 1928. On Wednesday, March 14th, the medical and surgical staff of the hospital presented her with a beautiful silver tray, inscribed with the names of the entire staff.

Miss Bollong, of the Victorian Order of Nurses staff, is spending her vacation in New York.

Miss Eva Welsby has returned from the U.S.A. and is to spend the summer with her parents at Dartmouth, N.S.

The many friends of Miss Stella Grady will regret to learn of the death of her father, Mr. Edward Grady.

Hilda Roberts, of Halifax, N.S., a graduate of the New Hampshire Hospital, Concord, N.H., 1927, has accepted the position as head nurse, Maternity Ward, of the New Hampshire Hospital, Concord.

Among the sixty-one members of the 1928 graduating class of Royal Victoria Hospital, Montreal, are the following from the Maritime Provinces: Florence A. Allen, Summerside, P.E.I.; Reta A. Brooks, Pinder, N.B.; Marion I. Clark, Halifax; Katherine H. Covert, Dartmouth; Elizabeth Cunningham, Tatamagouche; Jean Fraser, Pictou; Mary M. Grant, New Glasgow; Mary M. Gallagher, Fredericton; Charlotte A. Green, St. John's, Nfld.; Etta L. Jones, Cambridge, N.S.; Beatrice M. Keith, Havelock, N.B.; Adelais MacCuish, Sackville, N.B.; Dolina MacLellan, Stellarton; Mary F. MacNichol, Campbellton, N.B.; Florence M. McLean, North Wiltshire, P.E.I.; Jean M. Murray, Dartmouth; Mary F. Rogerson, St. John's, Nfld.; B. Burns Ross, Halifax; Jean A. Rogers, Woodstock, N.B.; Ruth Ross, Charlottetown, P.E.I.; Lucille M. Smith, Lunenburg; Helen B. Simpson, Bridgewater; Grace B. Stevens, Edmundston,

N.B.; Hazel M. Stevens, Amherst; Jean E. Stewart, Leary, P.E.I.; Annie M. Sutherland, Westville; Elizabeth A. Whyte, Glace Bay; Edith A. Williams, St. John's, Nfld.

The Halifax Branch, R.N.A.N.S., sent the following letter to Dr. John Stewart following the decision of the nurses of Halifax to make tangible recognition of Dr. Stewart's fiftieth anniversary in the field of medicine:

"Dear Dr. Stewart:

"The Halifax Local Branch of the Registered Nurses' Association felt they could not allow such an important milestone in your life as the fiftieth anniversary of your entry into medicine to be passed over unnoticed by them.

"It was the unanimous wish of the Association that our sincere interest and gratification in this happy event might be expressed in some practical and tangible form that would exemplify the ideals of him whom we sought to honour. It was, therefore, decided that a cot in the Children's Hospital should be endowed for one year in your honour, and as you have ever put into practice the Divine injunction that 'it is more blessed to give than to receive,' we felt this would please you more than any personal gift.

"All that was said to you, and of you, dear Dr. Stewart, at the formal celebration of this important event, was echoed and re-echoed in the hearts of our members. In asking you to accept this small tribute of our admiration for your many noble qualities of head and heart, we but honour ourselves. And we pray that you may be spared many more years to be what you are today—an incentive to, and an example of, all that is highest and best."

The Local Branch received the following letter in reply:

"My dear Ladies:

"I find it difficult to express my thanks for the great honour you have done me, but I feel you should have on your files some acknowledgment of my gratitude of the kind thought which prompted you to present me with such a tribute of esteem, a gracious esteem of which I feel myself quite unworthy.

This testimonial so charmingly expressed, and so artistically engrossed and illuminated I regard as one of my most valued possessions.

"Not only have I to thank you for this, but for the very substantial contribution you have made in my name to the Children's Hospital in the endowment of a cot there for one year. You could not have devoted this most generous sum to a more worthy object and for this you have my most sincere and grateful thanks.

"Yours faithfully,

"(Sgd.) JOHN STEWART."



## ONTARIO

Paid-up subscriptions to The Canadian Nurse for Ontario in April were 1,334, an increase of 20 over previous month.

**Appointments.**

Misses Janette McGowan and Nora Jardine, St. Joseph's Hospital, Hamilton, general duty, Union Hospital, Kindersley, Sask.

Misses Langley, McGrath, and Dynes, St. Joseph's Hospital, Hamilton, the nursing staff, Herman Kiefer Hospital, Detroit.

Miss Maud Nally, St. Joseph's Hospital, Hamilton, public health work, Detroit, Mich.

Misses Canavin, McCarten, and Kelly, St. Joseph's Hospital, Hamilton, hospital positions in Nyack, N.Y.

Miss Agnes Hyland, St. Joseph's Hospital, Hamilton, general duty, Children's Hospital, Detroit, Mich.

Miss Gertrude Hamilton, St. Joseph's Hospital, Hamilton, Children's Hospital, Cleveland, O.

Miss Aileen Dermody, St. Joseph's Hospital, Hamilton, school nurse in Dundas.

Miss Mary Wilson (Wellesley Hospital, Toronto), instructress at the Brantford General Hospital.

Miss Jessie Wilson (Brantford General Hospital), assistant instructress, Brantford General Hospital.

Miss Beatrice Hunter (St. Michael's Hospital, Toronto, 1928), night supervisor in the Obstetrical Department, St. Michael's Hospital, Toronto.

Misses Helen Walsh and Pearl Coffey (St. Michael's Hospital, Toronto, 1926), to the staff of the Polyclinic, New York City.

Misses Madeline Coffey and Alice Cronin (St. Michael's Hospital, 1926), to the staff of the Norwegian Hospital, Brooklyn, N.Y.

Miss Hilda Aldous (Toronto General Hospital, 1927), charge of "A" operating room, recently opened at the Toronto General Hospital.

Miss Agnes Alexander (Toronto General Hospital, 1926), engaged in school nursing at Long Branch, Ont.

Misses Kathleen Fairbrother and Muriel Patton (Toronto General Hospital, 1927), to the staff of the Rockefeller Hospital, New York City.

Miss Marie Breithaupt (Toronto General Hospital, 1927), in charge of the nursing service at Preston Springs Hotel, Preston, Ont.

Misses Jean Dent, Violet Stevens and Adele Cameron (Toronto General Hospital, 1922, 1925, and 1926, respectively), floor duty, Private Patients' Pavilion, Toronto General Hospital.

## DISTRICT 2

**Brantford General Hospital:** At the April meeting of the Alumnae, Dr. G. Harris gave a very interesting lecture on Orthopaedic Surgery, which was greatly appreciated and enjoyed by all present. The meeting was well attended.

Miss Margaret S. Jamieson, formerly of the staff of the Brantford General Hospital, has been appointed superintendent of the Galt General Hospital. Miss Jamieson is a graduate of Jeffery Hale's Hospital, Quebec, and the School for Graduate Nurses, McGill University (1922). In 1922 she was appointed educational director in a training school for nurses, in New York City, a position which she held for two years. She then accepted the position of instructress at the Brantford General Hospital, relinquishing this position recently to take up her new duties at Galt. Miss Jamieson's friends and associates wish her every success and happiness in her new work.

The student nurses held a social evening in honour of Miss Jamieson, when they took the opportunity of presenting useful gifts. Miss Jamieson acknowledged both gifts and good wishes in a few appreciative words.

Miss Mary Wilson (Wellesley Hospital, Toronto) has been appointed to succeed Miss Jamieson as instructress, with Miss Jessie Wilson (Brantford General Hospital) as her assistant.

## DISTRICT 4

**Hamilton, St. Joseph's Hospital:** The nurses of St. Joseph's Hospital held their tenth annual dance at the Royal Connaught Hotel on January 16th. Guests numbered over 400 and were received by the patronesses and officers: Mesdames Hess, J. R. Parry, N. Sullivan, F. Woodhall, and the Misses M. Maloney and G. Boyce. The evening proved to be one of the most enjoyable yet sponsored by the Association.

On March 6th the Alumnae held their regular monthly meeting in the Nurses' Residence. At the close of the business meeting, Miss Ann Maloney, organizer and nurse-in-charge of St. Elizabeth Nurses in Hamilton, gave a very interesting talk on their work, mentioning the many branches of nursing included and their great desire for further development. Tea was served and a very pleasant social hour spent.

It is encouraging to note that the attendance of members is much better since the time of meeting has been changed from the evening hour to 4 p.m.

Dr. and Mrs. Hicks (Florence Irving), of Brantford, are spending an extended vacation abroad.

We regret to report that Miss Gibson, superintendent of nurses, has been off duty several weeks owing to illness.

Miss Gertrude Brohman has resumed nursing after her serious motor accident in Buffalo, N.Y., several months ago.

#### DISTRICT 5

##### Toronto

**Hospital for Sick Children:** The special course given by the doctors of the Hospital for Sick Children, came to a close on March 26th with an excellent series of talks on Heart and Chorea, by Dr. Alfred Hart, and on Acrodynia and Purpura, by Dr. E. A. Morgan. These lectures have been largely attended by the Alumnae, and also by the Public Health Nurses, who have welcomed the opportunity to hear about the newest methods of treatment for various diseases. The executive are to be congratulated on this very excellent course, and they are grateful to both physicians and surgeons, who have given so willingly of their time, and made the series such a success. At the close of the meeting Mrs. Clutterbuck, in a few well-chosen words, presented to Miss K. Panton, the superintendent of the Hospital, a handsomely fitted travelling bag, as a mark of appreciation from the Alumnae on the eve of her departure for a two-months' tour abroad. Afterwards, there was a pleasant gathering in the Residence, when the nurses bade her bon voyage over a social cup of coffee.

A few of the officers of the Alumnae tendered a dinner to Miss Panton at the Clarendon on March 28th. A delightful evening was spent and Miss Panton was presented with lovely flowers and a leather covered Diary, in which to record her continental trip. Miss Panton sailed on April 5th and expects to be away two months.

Miss F. J. Potts, who was in Montreal recently, was entertained by the members of the Alumnae of the H.S.C., who are residing there.

Miss Hamilton, the first graduate of the H.S.C., and who has been nursing in Toronto for almost forty years, is enjoying a trip in the United States.

**Women's College Hospital:** The Alumnae entertained the staff and the nurses in training on March 12th in the nurses' residence. Miss G. L. Ament, a graduate of the Women's College Hospital, gave a very vivid and instructive address on her work in Nasik, India. Miss Ament is on furlough, returning to India in June.

**Toronto Western Hospital:** The monthly meeting of the Alumnae was held in the Nurses' Residence on Tuesday, March 13th, with Miss Wiggins presiding. The Hastings Scholarship was discussed, and it was decided to resume the discussion at the next meeting when more particulars

would be available. A report of layette work was given by Miss Cooper.

The graduating class of 1928 was welcomed to the Alumnae by Miss Wiggins, who emphasized the valuable aid that its members would render the Alumnae by active interest in the monthly meetings. Judge Mott, of the Juvenile Court, gave a very interesting and instructive talk on his work. The meeting then adjourned and refreshments served.

**Toronto General Hospital:** The Alumnae met in the Nurses' Residence on April 4th. An announcement of unusual interest was that permission has been given to hold the graduation dinner in Hart House in May. The evening's entertainment was planned by the class of 1927, the various original games being greatly enjoyed by the members who were present.

Miss Louise Cunningham (1928) and Miss Dweita Clark (1928) are doing private duty nursing in New York City.

**St. Michael's Hospital:** The annual meeting of the Alumnae was held in the Nurses' Residence on March 10th. The following officers were elected: President, Mrs. W. H. Artken (re-elected); recording secretary, Miss Roselle Grogan; corresponding secretary, Miss Marie McEnaney (re-elected); treasurer, Miss Irene McGurk (re-elected). Arrangements were made for a reunion dinner to be held on April 19th in the Prince George Hotel, Toronto; guest speaker, Dr. Margaret Patterson (Magistrate, Women's Court, Toronto).

Misses Letitia Gaudet and Mary Hughes (1924) are doing private duty nursing in New York City.

Miss Aileen Riordan (1921), who has been ill for the past year is at present a patient in St. Michael's Hospital.

The sympathy of the Alumnae is extended to the families of the following deceased members, whose deaths occurred during March, 1928: Miss Madge Metherell (1918); Miss Catherine Mogan (1916); Mrs. Frances Bondy (Nellie Turner, 1912).

Occupational Therapy is being organized in St. Michael's Hospital through the endeavours of the Women's Auxiliary. Miss Lindsay, occupational therapist, expects to begin her work within the next week.

Members will be interested to learn that the new seven storey unit on Victoria Street is in operation and work on the south unit rapidly nearing completion.

#### DISTRICT 8

**Ottawa:** Miss Lucille Valiquette (Ottawa General Hospital, 1927) has accepted a position on the staff of the Sanatorium at Gravenhurst, Muskoka.

Misses G. Lapointe and N. Reid (Ottawa General Hospital, 1926), and A. Coté (Ottawa General Hospital, 1924) are on



the staff of St. Vincent's Hospital, Montclair, N.J.

Miss Hazel Sparling, for a number of years on the staff of the King George Hospital, Winnipeg, as supervisor, and acting instructor of nurses, has been appointed assistant superintendent of nurses at the Strathcona Hospital for Contagious Diseases, Ottawa.

## QUEBEC

**Montreal:** On March 5th the Montreal Graduate Nurses Association presented Miss L. C. Phillips with a purse of gold as a mark of affection and in recognition of her services to the Association. Miss Phillips had held the office of president of the Association for eighteen years, but resigned at the last annual meeting. Miss C. V. Barrett, in making the presentation on behalf of the Association, spoke of the appreciation of its members for this long record of service and devotion. A silver tray was also presented, together with an old-fashioned bouquet of flowers, as a token of affection from the older graduates. Miss Colley made the presentation. In expressing her thanks for these gifts, Miss Phillips declared that her resignation did not mean any diminution of interest in the Association, for she had its welfare as keenly at heart as ever. Among the invited guests were: Misses M. F. Hersey, M. K. Holt, Strumm, Craig, Moag, Mesdames T. Watson, R. J. Scott, and Cameron. The gathering numbered about seventy. Tea was poured by Misses Colley and Dunlop, and the toasts given by Misses Wainwright and Sutherland. The decorations were of pink, with pink tulips on the table.

**Royal Victoria Hospital:** At the April meeting of the Alumnae, the members very much enjoyed a number of moving picture trips given by Pitmans Tours.

Miss H. Hart, 1923, and Miss A. Goff, 1926, are doing private duty nursing in Seattle.

Members of the graduating class of 1928 were guests of honour at a dinner given in the Ritz-Carlton Hotel on the evening of March 28th. The sixty-one graduates were seated at a long table formed in the shape of a horseshoe, gaily decorated with spring flowers. The toasts were proposed as follows: "The King," Mrs. Stanley; "The Governors," Miss E. Alder; "Our Guests," Mrs. LeBeau; "The Doctors," Miss M. Hough; "Our Absent Friends," Miss M. Bliss.

On the afternoon of April 11th, graduation exercises were held in the reception room of the Nurses' Home. Dr. J. R. Fraser addressed the graduates and Mrs. Fraser presented the diplomas and pins. Refreshments were then served in the dining room, which was attractively de-

corated with spring flowers and the school colours.

**Western Hospital:** Mrs. Harry McLean (Irene Robertson) was in Montreal for a few days on her way from California. She has returned to her home in Merrickville, Ont.

Mrs. J. O. Boker has accepted the position of second assistant in the Hospital of the Good Samaritan, Los Angeles, California.

Miss M. V. Green, who has recently taken a course at Columbia University, New York, is now doing private duty nursing in Montreal.

**Sherbrooke Hospital:** Miss Hazel Dar-kin, 1925, is in charge of the Operating Room in the Chipman Memorial Hospital, St. Stephen, N.B., and Miss Bessie Banfill is night supervisor in the same institution.

Miss Grace Hislop has been appointed night supervisor of the Homeopathic Hospital, Providence, R.I., U.S.A.

Misses Boyd and Matthews are doing private duty in Montreal.

Recently the Alumnae gave a banquet for the graduating class of 1928.

## SASKATCHEWAN

**Saskatoon:** At the recent annual meeting of the Saskatoon Graduate Nurses Association, Miss Margaret Cameron was re-elected president, by acclamation. Other officers elected were: First vice-president, Miss Gertrude Hay; second vice-president, Miss Netterfield; secretary, Miss Irene Baker; treasurer, Miss Pearl Pound; councillors, Misses L. Ferguson, M. Hagarman, A. Sullivan, Elsie Ratcliffe, Cora Harlton, Grace Silverthorne; correspondent to "The Canadian Nurse," Miss Constance Meddins. Reports presented showed that the Association had made various donations during the year and that nurses undergoing treatment at the Sanatorium receive \$5 monthly, as well as flowers. The organization has accepted responsibility for a specific portion of the public decorations on Decoration Day. At present the general fund stands at \$771.31, and the tuberculosis fund, \$433.95.

**Regina General Hospital:** Miss L. Styan, who has been on the staff of the hospital for the past four years, has resigned to accept a position as Matron of the Assiniboia Union Hospital.

With the opening of the new wing of the Regina General Hospital, several Alumnae members accepted positions on the staff: Miss Jane Burrows, in charge of the women's public wards; Miss Myrtle J. Lythe, in charge of the men's public wards, and Miss M. E. Baker, admitting office nurse.

The Alumnae have completed the furnishing of a private ward in the new wing. Recently a very successful tea was given by the Alumnae at the home of Mrs. D. Thom. The proceeds amounted to \$58 and will be applied towards the new ward.

**V.O.N.:** Miss Jean Hessey has resigned from the staff of the Victorian Order in Edmonton.

Miss Joan McLarren (Hospital for Sick Children, Toronto) has been appointed to the position left vacant by the resignation of Miss A. Parker in Dartmouth, N.S.

Miss K. V. Doucette (Victoria Public Hospital, Fredericton) has been appointed to the staff of the Victorian Order in Halifax.

Miss K. Maloney (Yarmouth Hospital) has accepted a position with the staff of the Victorian Order in Yarmouth.

Miss Sybil Everitt (Ottawa Civic Hospital, 1927), who has completed a course of special training with the Victorian Order in Montreal, has been appointed to the staff of the Victorian Order in Cornwall.

Miss Mary Norton (Ottawa Civic Hospital, 1926) has completed her course of special training in Montreal and is on the staff of the Victorian Order in Ottawa.

Miss Ellen Linton (Toronto Western Hospital) has accepted a position with the Victorian Order in North Bay.

Mrs. A. Ryckeman has resigned from the staff of the Victorian Order in North Bay.

Mrs. A. Campbell, who has been on the staff of the Victorian Order in Ottawa for several years has resigned.

Mrs. Dorothy Perry has resigned from the Victorian Order staff in Waterloo. Miss Ruby G. Ratz (Hamilton General Hospital) has taken her place.

**C.A.M.N.S.:** Nursing Sister Trix Sanderson (Mrs. H. K. Rose), who died on March 30 at Los Angeles, California, graduated from the Royal Victoria Hospital, Montreal, in 1916. The same year she went overseas with the London (Western) University Unit, returning in 1918.

The Editor has been sent excerpts from a letter written by Miss Janet Pringle, stationed at the Red Cross Outpost, Pouce Coupe, B.C. This is the most northerly outpost in Canada and is 90 miles from a railroad.

Miss Pringle, who is a graduate of the Royal Victoria Hospital, Montreal, 1923, writes in part:

About three weeks ago we admitted a boy haemorrhaging from an axe wound in the scalp. We found a fractured skull, with injured meninges. Our doctor dressed it and telegraphed to Grand Prairie for another doctor. He came up that night, arriving at 5.30 a.m. and operated at 9 a.m. Removed three pieces of bone, probably a total area of  $1\frac{1}{2}$  square inches; grafted fascia from the thigh over the meninges and closed the wound. The boy was up and dressed and on the verandah today.

An emergency operation here means a bit more than going into an operating room, turning on the steam and popping in the instruments. It means having ice brought in and melted; then the water boiled for instruments and for sterile water; and this over the kitchen stove. Our tap water is so hard and has so much sediment we cannot use it for instruments or sterile water.

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New settlers are coming in in great numbers. We hope the railway will follow. There seems to be a variety of opinions: some think that it is a definite thing; others think we won't see it in our generation. We are trying to get a bit of cleaning done, etc.

The following story is taken from an account of Baby Week as reported in *The Nursing Journal of India* for March 1928:

In the Poster stall I met my small friend of last year in search of further knowledge. This is a small Hindu boy who came to the Exhibition last year and spent a great deal of his time in the Poster tent. He was then four years old. He went home and demanded from his mother a clean towel and then collected all his toilet articles and called the servant. To him he said: "I have been to the Exhibition and there I saw pictures which showed if a boy with a spot on his face used a towel and then another boy used the same towel, that boy got the spot on his face. Now you see how fair I am, if others use my towel I may get spots. Listen, if you allow anyone else to use my things I will break your head." He is now five years old and still keeps to his policy of keeping his toilet articles for his own exclusive use. Then some people say that exhibitions are of no use!



## BIRTHS

- COWIE**—On February 15th, 1928, at Toronto, to Mr. and Mrs. Hugh Cowie (Kathleen B. Merrett, Hamilton General Hospital, 1924, University of Toronto, Department of Public Health Nursing, 1925), a son (Hugh Merrett).
- CROCKFORD**—On March 17th, 1928, to Mr. and Mrs. George Crockford (Gwen. Twaites, Medicine Hat General Hospital, 1925), a daughter (Gloria Patricia May).
- ELLISON**—On March 17th, 1928, to Mr. and Mrs. Victor Ellison (Margaret Murray, Western Hospital, Montreal), a son.
- FERGUSON**—On March 28th, 1928, at Saskatoon, to Dr. and Mrs. Duncan Ferguson (Dorothea Cowling, Toronto General Hospital, 1921), a son.
- FULLER**—Recently, to Mr. and Mrs. George Fuller (Sadie Mennie, Sherbrooke Hospital), a son.
- HUTCHISON**—On February 2nd, 1928, at Toronto, to Mr. and Mrs. Leonard B. Hutchison (Marguerite M. Fanning, Grace Hospital, Toronto, 1925), a daughter (Lenore Maysie).
- IRVINE**—On March 29th, 1928, at Calgary, to Mr. and Mrs. Marshall J. Irvine (Ethel Brown, Calgary General Hospital, 1920), a son.
- JOHNSTON**—On February 13th, 1928, to Mr. and Mrs. W. R. Johnston (Iva Chadwick, Women's College Hospital, Toronto), a son.
- KAY**—On March 31st, 1928, to Mr. and Mrs. Norman Kay, of Hamilton, a son.
- KERR**—On March 19th, 1928, to Mr. and Mrs. Kerr (Mabel Martin, Hospital for Sick Children, Toronto), a son.
- MANSON**—On March 21st, 1928, at Vancouver, to Mr. and Mrs. William Manson (Beatrice Brouse, Vancouver General Hospital, 1922), a son.
- McINTYRE**—On April 4th, 1928, at Toronto, to Dr. and Mrs. G. C. McIntyre (Gwendolyn Wallace, Toronto General Hospital, 1919), a daughter.
- PECKHAM**—On March 4th, 1928, to Mr. and Mrs. William Peckham (Myrtle Gies, St. Joseph's Hospital, Hamilton), a son.
- SKILLING**—On March 30th, 1928, at Vancouver, to Mr. and Mrs. William Skilling (Zella Doraty, Vancouver General Hospital, 1923), a daughter.
- STERLING**—On March 31st, 1928, at Calgary, to Mr. and Mrs. Jos. Sterling (Esther Lord, Calgary General Hospital, 1925), a son.
- TALBOT**—On Feb. 28th, 1928, at Quetta, India, to Mr. and Mrs. W. E. Talbot (Gladys Smith, Royal Victoria Hospital, Montreal, 1925), a daughter.
- WOOD**—On April 3rd, 1928, at Vancouver, to Mr. and Mrs. Frederick Wood (Beatrice Fordham Johnson, Vancouver General Hospital, 1922), a son.

## MARRIAGES

- ALLEN—WILSON**—In December, 1928, in New York City, Lucy Jean Wilson (Oshawa General Hospital, 1923), of Picton, Ont., to Herbert Bartley Allen, of Port Chester, N.Y.
- BARTON—CLANCEY**—In August, 1927, Agnes Clancey (St. Joseph's Hospital, Hamilton), to Dr. E. Barton, Oshawa.
- HALL—GLASFORD**—On March 16th, 1928, at New York City, Evelyn Hennigar (Evelyn Glasford, Calgary General Hospital, 1918), to Dr. Robert Hall.
- MILLAR — MACLENNAN** — On March 27th, 1928, in Toronto, Ethel Alexandra MacLennan (Grace Hospital, Toronto, 1915), to R. A. Millar, Kincardine, Ont.
- PRITCHARD—HAM**—On April 4th, 1928, at Fergus, Ont., Leila Miriam Ham (Toronto General Hospital, 1921), to Harry S. Pritchard. At home, Toronto.
- SKEITH—McLARTY**—In December, 1927, Mabel McLarty (St. Joseph's Hospital, Hamilton), to Ewart Skeith. At home, 1116 Lakewood Boulevard, Detroit, Mich.
- SPANE—HUDSON**—On April 5th, 1928, at Calgary, Jessie Viola Hudson (Calgary General Hospital, 1925) to John Allyn Spane, of Calgary.

## DEATHS

- BEAUCHAMP**—On March 21st, 1928, at the Western General Hospital, Toronto, Annie E. Beauchamp (Toronto Hospital for Consumptives, 1927).
- BONDY**—In March, 1928, Mrs. Frances Bondy (Nellie Turner, St. Michael's Hospital, Toronto, 1912).
- BURNETT**—On March 7th, 1928, at Toronto, Violet Emma Burnett (Grace Hospital, Toronto, 1904).
- CARMICHAEL**—In March, 1928, at Boston, Mass., Maysie Carmichael (Calgary General Hospital, 1921).
- DOUGALL**—On April 5th, 1928, at New York City, Mary E. Dougall (Toronto General Hospital, 1896), matron St. Luke's Hospital, New York City.
- ELLIOTT**—On April 12th, 1928, at Hamilton, Janet Elliott (Hamilton General Hospital, 1903).
- GRIGG**—On April 5th, 1928, at Toronto, Emma Grigg, R.N. (Staten Island Hospital, 1904).
- METHERELL**—In March, 1928, Madge Metherell (St. Michael's Hospital, Toronto, 1918).
- MOGAN** — In March, 1928, Catherine Mogan (St. Michael's Hospital, Toronto, 1916).
- ROWNTREE**—On April 3rd, 1928, in Toronto, Bessie (Bessie E. Holmes, Toronto General Hospital, 1918), wife of William J. Rowntree.
- TRUMPER**—On March 23rd, 1928, at Brantford General Hospital, Barbara Trumper, after a short illness.

## COMING EVENTS IN THE NURSING WORLD

Biennial Meeting Canadian Nurses Association, Fort Garry Hotel, Winnipeg, July 3-7, 1928.

Annual Meeting Registered Nurses Association, Nova Scotia, Yarmouth, June 5, 1928.

Annual Meeting New Brunswick Association of Registered Nurses, St. Stephen, June 19-20, 1928.

Annual Meeting, Canadian Public Health Association, Winnipeg, October 11-13, 1928.

Biennial Meeting, American Nurses Association, Louisville, Ky., June 4-9, 1928.

Annual Meeting, International Catholic Guild of Nurses, Cincinnati, Ohio, June 18-22, 1928.

Annual Meeting, Canadian Public Health Association, Chicago, Ill., October 15-19, 1928.

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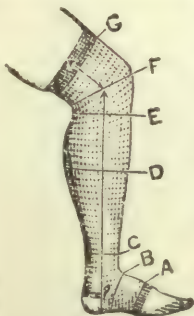
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## THE CANADIAN NURSE

The official organ of the Canadian Nurses Association, owners, editors and managers. Published monthly at the National Office, Canadian Nurses Association, 511 Boyd Building, Winnipeg, Man.

Editor and Business Manager: JEAN S. WILSON, Reg.N.

Subscriptions \$2.00 a year; single copies 20 cents. Club rates: Thirty or more subscriptions \$1.75 each, if names, addresses and money are sent in at one time by one member of a federated association. Combined annual subscription with The American Journal of Nursing \$4.75. All cheques or money orders to be made payable to The Canadian Nurse. Changes of address should reach the office by the 20th of each month. In sending in changes of address, both the new and old address should be given. News items should be received at the office by the 12th of each month. Advertising rates and data furnished on request. All correspondence to be addressed to 511 Boyd Building, Winnipeg, Man.

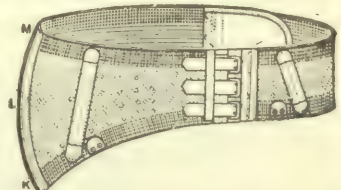


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(Signed) A. M. MUNN, Reg.N.,  
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# The Canadian Nurse

A Monthly Journal for the Nurses of Canada

Published by the Canadian Nurses Association

Vol. XXIV.

WINNIPEG, MAN., JUNE, 1928

No. 6

Registered at Ottawa, Canada, as second-class matter

Entered as second-class matter March 19th, 1905, at the Post Office, Buffalo, N.Y., under the Act of Congress, March 3rd, 1897

Editor and Business Manager:—

JEAN S. WILSON, Reg. N., 511 Boyd Building, Winnipeg, Man.

## JUNE, 1928

### CONTENTS

PAGE

MICROBE HUNTERS - - - - -	<i>Nora Bateson</i>	283
ERYTHEMA NODOSUM AMONG NURSES - - - -	<i>Dr. H. B. Cushing</i>	286
CANADA'S TRIBUTE TO JENNER - - - - -	<i>E. Edith Fenton</i>	287
A NURSE'S JUBILEE - - - - -		288
INTERNATIONAL COUNCIL OF NURSES - - - -		289
CANADIAN NURSES ASSOCIATION, TENTATIVE PROGRAMME, 1928 - - -		291
CANADIAN CONFERENCE ON SOCIAL WORK - - -	<i>Kathleen D. G. King</i>	293
VALUES IN PUBLIC HEALTH - - - - -	<i>Sir Arthur Newsholme, K.C.B.</i>	295
SASKATCHEWAN REGISTERED NURSES ASSOCIATION -	<i>Ruby M. Simpson</i>	298
VIGNETTES FROM HISTORY OF NURSING - - -		301
A PROVINCIAL HEALTH AND HOSPITAL SURVEY - - -		305
DEPARTMENT OF NURSING EDUCATION:		
INDUSTRIAL NURSING - - - - -	<i>Dr. F. G. Pedley</i>	306
UNIVERSITY OF TORONTO - - - - -		309
DEPARTMENT OF PUBLIC HEALTH NURSING:		
THE SCHOOL NURSE AS A SOCIAL AGENCY IN THE COMMUNITY - - - - -	<i>Charlotte Whitton</i>	310
THE VICTORIAN ORDER OF NURSES - - - -	<i>Elizabeth L. Smellie</i>	314
NEWS NOTES - - - - -		315
OFFICIAL DIRECTORY - - - - -		325

## Microbe Hunters

By NORA BATESON, Toronto.

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This is the title of a book by Paul de Kruif which reads like a tale of thrilling adventures and discoveries.

It is the story of the discovery and exploration of the 'microbe world, which created a revolution in medical science. A hundred years ago medical science was still in its Dark Age. Many diseases were still regarded by the medical as well as the lay mind as mysterious and awful visitations of God. The *Microbe Hunters* heralded the dawn when those mysterious powers resolved themselves into microscopic enemies which could be stalked and ambushed and in the end overcome.

*Leeuwenhoek*: Because he was the first to discover the existence of the microbe world mention must be made of Leeuwenhoek, a Dutchman of the seventeenth century. He ground his own lenses and through them saw wonders. Then the miraculous happened when he turned his lens on to rain water and found it alive with "wretched beasties." After that he found them in all sorts of unexpected places and discovered that the human body was full of them, though he never connected them with human disease.

The seventeenth century was not a scientific age and Leeuwenhoek had no disciples, but during the eighteenth century an Italian, Spallanzani, a born scientist, started experiments on the "little animals" of Leeuwenhoek's discovery. After a lifetime of experiment he convinced himself but not the world that these tiny animals did not arise from dead matter but that they had parents like

unto themselves. He was preparing the way for Pasteur.

*Pasteur*: Pasteur was the Leonardo da Vinci of *Microbe Hunters*; a most versatile, abundant genius. Born in 1822 he was early a devotee of the microscope. Crystals were his first love and in connection with them he made his first chemical discovery. Soon, however, he forsook crystals for microbes.

It is difficult to write soberly of the achievements with which he shook the world not once but many times. He was not a medical man and his first triumphs were in the practical world of business. A distraught brewer having difficulty with his fermentations came to him for help and he discovered that the mysterious process of fermentation was caused by subdivisible living things—yeasts. Eagerly but with infinite patience he experimented for years on yeasts and in the end earned the gratitude of his countrymen by saving the imperilled wine industry of Eastern France.

Then for six years he battled with an obscure disease which was decimating the silk worms and ruining the silk industry of the south, to find at last that it was caused by a parasite. By his genius he had saved two of France's biggest industries, but all the time his mind was busy with more momentous problems. He had a fixed idea that microbes were the cause of all disease and dreamt of a day when these tiny foes of the human race would be worsted and disease swept from the earth.

Quite by accident Pasteur stumbled upon the epoch-making discovery that



chickens inoculated with a weakened form of the cholera germ obtained immunity against the disease. He realized that this vaccine principle was capable of wide application. At that time the terrible disease of anthrax was wiping out thousands of sheep every year and Pasteur started to work on an anthrax vaccine. After long and patient experiments he perfected his vaccine and he staged a demonstration in Paris. It was a great miracle to the wondering crowds who saw this half-paralyzed man perform his delicate and wonderful experiment. The twenty-four sheep which he had vaccinated successfully resisted the dose of anthrax germs; the twenty-four he had not vaccinated lay dead.

But the greatest triumph of his life came when Pasteur successfully applied the vaccine principle to that most dreaded of all diseases, hydrophobia. It called for great courage to work in this dangerous field and great patience too as the microbe was most difficult to isolate and cultivate. Success came to him at last and his vaccinated dogs proved immune to the disease.

Pasteur, always the tenderest of men, hesitated to experiment on a human being, but when a boy was brought to him badly bitten by a mad dog, and surely doomed, he was prevailed upon to try the vaccine. The boy escaped any symptom of the dread disease and nineteen Russian peasants were treated with equal success. Not only Paris but the whole world shouted its enthusiasm. Here was a man who could cast out devils and explain to the world how he did it.

It was a spectacular climax to a life of the most varied and fruitful activity. Pasteur died shortly afterwards. To science he had opened the door to a new world.

*Koch:* Meanwhile in Germany a humble practitioner, Koch, was yielding to the lure of the microscope. It had been a birthday present from his

wife who hoped thus to divert his restless mind from wild dreams of adventure. The microscope took him on adventures as strange and strenuous and exhilarating as any he had dreamt of. At first he used it as a delightful toy. But his modest practice gave him food for much questioning and his medical training could furnish no answers. And so he turned to his microscope.

The disease of anthrax first riveted his attention. Others had declared it was caused by a microbe but Koch was not one to leap to conclusions. For five years he laboured with amazing patience, forging every link in the chain of evidence, tearing himself reluctantly from his workroom to give his poor patients conscientious if absentminded attention. At the end of five years he had proved the existence of an anthrax germ. He had isolated them, bred them, inoculated guinea pigs and sheep with them, and he went to the University of Breslau to tell of his discovery. Eminent doctors who came to jeer sat dumbfounded. Here was no babbler with a theory but a scientist who proved his case with experiments. Learned as they were in research they could find no flaw, no inexactitude to discredit his discovery.

Pasteur and Koch share the honours in the conquest of anthrax. Koch revealed the enemy which Pasteur battled with and overcame. Unlike Pasteur, Koch took no personal pride in his discoveries. He lacked any trace of self-consciousness. A few days only he stayed at Breslau and then went back to his microscope to hunt down the germ of tuberculosis. This "sly microbe" taxed all his ingenuity and patience and completely absorbed his attention for years. But in 1882 before the Physiological Society at Berlin he told the story of how he had searched out this tiniest and most deadly of microbes, he described its peculiarities and habits and its lurking places.

Once again Koch had laid bare the enemy but the glory of conquest was denied him. He had, however, made that conquest a possibility.

*Roux and Behring:* Roux, Pasteur's disciple, and Behring, one of Koch's pupils, set themselves to discover a diphtheria antitoxin. Roux sacrificed a whole army of guinea pigs to prove that not the microbe but a poison which it generated, was the cause of this disease. Behring had a theory that there must be chemicals which would destroy the diphtheria bacillus without hurting the patient. Eventually he discovered that iodine trichloride destroyed the germ without utterly annihilating the guinea pigs. It made them sorry spectacles but they did survive the cure. Then out of comparative failure came his triumph for the blood of these survivors he found to be immune to the diphtheria microbe. It could, in short, be used as a diphtheria-killing serum, as an anti-toxin. He turned sheep into factories for the production of this serum and within three years twenty thousand babies had been inoculated and many of them saved.

*Metchnikoff:* To this Russian Jew, born in 1845, belongs the distinction of putting phagocytes on the map and in the medical dictionary. He was a precocious and irrepressible youth and Darwin's *Origin of Species* decided his direction; he took to the microscope and started on the study of the simplest form of life found in sea water. He saw that when these organisms were injured there was a rush of white cells to the spot. With one bound he arrived at a theory; that what was true of a simple organism was equally true of the more complicated organism of the human body. When germs invaded it they were attacked and engulfed by the white cells in the blood. These white cells he christened "phagocytes," and proclaimed to the world that they were its valiant defenders

against armies of invading microbes. It was more a vision than a discovery but experiments proved that it was true and it meant another revolution in medical science.

*Theobald Smith:* An American to join the hunt! Theobald Smith was an admirer of Koch and a born scientist. It fell to him to solve the mystery of a strange cattle disease—Texas fever. In his investigations and experiments he showed the same thoroughness and subtlety that characterized all Koch's experiments. He was in his way a pioneer, being the first to show how an insect can carry disease, for Texas fever, he found, was carried not by a microbe but by ticks.

*Walter Reed:* In the year 1900 American soldiers in Cuba were dying wholesale of yellow fever while doctors looked on helplessly. A Commission with Dr. Reed at the head was appointed to investigate the cause of this pestilence.

There were many theories abroad but the one most ridiculed and derided was that the disease was carried by mosquitoes. It was just this theory which seemed to Dr. Reed the most plausible.

The Commission was faced with a grave problem at the outset, for animals do not take the disease and experiments could only be performed on man. The members of the Commission heroically decided to experiment first on themselves. They knew they were risking their lives but were prepared to make this supreme sacrifice in the cause of science. One of them died and all suffered horribly, but not in vain. They proved conclusively that mosquitoes carried the disease, that it was not contagious, and if the mosquitoes were destroyed the disease would be wiped out. It was a great day for science and the heroes were those volunteers who had with calm courage offered themselves for experiments, most vile as well as dangerous, in the service of humanity.



## *Erythema Nodosum Among Nurses*

By H. B. CUSHING, M.D., Montreal.

Nurses in hospital training schools appear to be peculiarly liable to develop the curious and unusual condition known as erythema nodosum. The disease is a rather uncommon one in general practice and yet is a sufficiently frequent one in training schools to become quite a problem. A survey of the leading training schools in Montreal for five years shows that between one per cent. and two per cent. of the nurses each year develop this disease.

The condition when once seen is quite unmistakable. There are irregular raised tender blotches or nodes scattered over the regions of the shins and forearms. Bright pink at first, the colour gradually fades through purples and yellows like a bruise. There is almost always irregular fever for about ten days and usually pain and swelling in the neighbouring joints. These symptoms make up a picture that is not easily confused with any other disease. The condition often follows other acute illnesses, such as tonsillitis, coryza, or even typhoid fever. In a few cases the attack recurs in a few months following the same course.

Questions naturally arise as to the cause of the disease, why nurses should be peculiarly liable to it, and whether it has any serious after-effects. So far no one has answered these questions definitely but several theories are suggested.

On the whole nurses in training are very healthy and normal young women, being carefully selected for this reason and usually giving no history of previous serious disease. Experience has shown that they are chiefly afflicted with tonsillitis and respiratory infections, and that the most frequent serious diseases among them are rheumatic fever, pneu-

monia, appendicitis, tuberculosis in various forms and the exanthemata. Is there any connection between any of these diseases and erythema nodosum?

For many years the explanation of erythema nodosum given in all the text-books was that it was a manifestation of rheumatic fever, probably caused by tonsillitis, and the coincident arthritis was cited in support of this hypothesis. Against this theory, however, it is noted that the patients give no previous history of rheumatism, that they do not develop other rheumatic manifestations afterwards, especially endocarditis, and that they are not benefitted by the usual anti-rheumatic treatment.

A more sinister suggestion has been put forward in recent years which has led us to regard erythema nodosum even more seriously, viz., that it is really a manifestation of tuberculosis. The claim is made that while the condition does not develop during the course of outspoken tuberculosis, it does develop in previously healthy persons who have recently acquired tuberculous infection. Therefore it should be regarded as the first obvious manifestation of the disease, or the visible reaction on the part of the body to tuberculosis, and it is claimed that many of the cases showed serious tuberculous lesions later. Many articles are to be found in the medical literature of the past ten years endeavouring to establish this theory. The suggestion is made that the previously healthy young nurses acquired the tuberculous infection in the course of their duties among the sick, being rendered susceptible by their necessarily confined life, that erythema nodosum is an obvious danger signal, that most of them

overcome the infection but others succumb later to various forms of tuberculosis.

The writer has collected the histories of fifteen nurses who had suffered from erythema nodosum during their training two or more years previously and whose later history was known. Of these fifteen, one died of tuberculous meningitis, one developed pulmonary tuberculosis and the third a tuberculous pleurisy with effusion. The remain-

ing twelve remained healthy. These small figures do not prove anything, but at least they give food for serious thought.

Until some better explanation is found or the association of erythema nodosum with tuberculosis disproved, it seems as if the condition should be treated seriously, that a more or less prolonged rest be insisted on and the health of the patients supervised with special care afterwards.

## *Canada's Tribute to Jenner*

By A. EDITH FENTON, Halifax

For his momentous discovery of vaccination for protection against smallpox, Edward Jenner had very many honours bestowed upon him. Before 1812, he had been made an honorary member of nearly every scientific society in Europe, and had received the freedom of the cities of London, Edinburgh, Dublin and Glasgow. The Medical Society of London presented him with a gold medal struck in his honour; in Berlin in 1812 there was a Jennerian festival on the anniversary of the vaccination of James Phipps, who was the subject for Jenner's most momentous but justifiable experiment. Addresses and diplomas were showered on him, and in 1813 the University of Oxford conferred on him the degree of M.D. honoris causa.

Monarchs, governments, the clergy, the most diverse climes, races, tongues and religions, united in showing their gratitude to the Englishman whose patience, genius and absence of self-seeking had rid them of the detestable world plague of smallpox. Napoleon voted one hundred thousand francs for the propagation of vaccination. The Empress of Russia, Catherine II, was one of the greatest supporters of

Jennerian vaccination. She decreed that the first child vaccinated in Russia should be called "Vaccinoff," should be conveyed to Petrograd in an imperial coach, educated at the expense of the state, and receive a pension for life.

The only known tribute from Canada came from the Five Nation Indians, who on November eighth, 1807, met at Fort George in Upper Canada, and forwarded to Jenner the following letter:

"Brother:

Our Father has delivered to us the book you sent to us to instruct us how to use the discovery which the Great Spirit made to you, whereby the smallpox, that fatal enemy of your tribe, may be driven from the earth. We have deposited your books in the hands of a man of skill whom our Great Father employs to attend us when sick and wounded. We shall not fail to teach our children to speak the name of Jenner and to thank the Great Spirit for the bestowing upon him so much wisdom and benevolence. We send with this a belt and string of wampum in token of our acceptance of your precious gift, and we beseech the Great Spirit to take care of you in this world and in the land of spirits."



## *A Nurse's Jubilee*

"The Editor's Jubilee of Professional Work" is the caption to the leading editorial in *The British Journal of Nursing* for April, 1928. This article records briefly what has been accomplished through the efforts of Mrs. Bedford Fenwick in the nursing profession since she entered a hospital as a paying probationer on April 1st, 1878.

In searching for a message to the graduates of 1928 it was decided that no more fitting message could be found to the young nurses of Canada than to refer them to this editorial, which is published in full:

"The publication of the current issue of *The British Journal of Nursing* brings with it the opportunity to place on record the fact that the Editor attained her Jubilee of fifty years' professional work and service as a member of the nursing profession on April 1st, 1928.

"Mrs. Fenwick (then Miss Ethel Manson) entered the Children's Hospital, Nottingham, as a paying probationer on April 1st, 1878. From September, 1878, to September, 1879, she was trained as a paying probationer at the Royal Infirmary, Manchester, when she was offered and accepted the position of Sister of Charlotte Ward at the London Hospital, then containing fifty-three beds.

"On April 1st, 1881, she was appointed, at the age of four-and-twenty, Matron and Superintendent of Nursing at St. Bartholomew's Hospital, London, upon the recommendation of the then treasurer, Sir Sidney Waterlow, who had personally visited, without notice, the wards in her charge, even inspecting the cupboards, and acquainting himself with the opinion of the committee and medical staff as to the standard of her work.

"From 1881 to 1887 Mrs. Fenwick spent six strenuous years in organizing the Nursing School at St. Bartholomew's Hospital, instituting the three years' term of training, adding to the examination a test in practical nursing, and awarding marks for personal devotion to the sick, ward management, and a high standard of personal discipline.

"Under her recommendation a gold medal was annually awarded to the nurse who attained the highest standard of knowledge and conduct—an incentive to a high standard of training which is still in force.

"In 1887 Miss Manson married Dr. Bedford Fenwick, and in that year they conjointly promoted the British Nurses Association for the organization of the nursing profession, to be obtained ultimately by Act of Parliament for the State Registration of Nurses, enforcing a standard of training controlled and examined by State authority.

"The forty years dating from 1887 to the present time have found Mrs. Fenwick actively engaged in strenuous public duty, first working for the Royal Charter for the Royal British Nurses Association, and from 1893 as the Hon. Editor of *The British Journal of Nursing*. In 1904 she drafted the first Nurses' Registration Bill, the basis of the Acts passed in 1919, which incorporated her suggestion for the government of the nursing profession by a General Nursing Council. Upon the first of these councils for England and Wales she was invited to act, by the then Minister of Health, during which term of office she put forward a scheme for the organization of the work of the council by standing committees, helped to draft the rules, and designed the form for the Nurses' Public Register, including

the qualification of existing nurses, as issued under the authority of the General Nursing Council for England and Wales.

"In 1899 Mrs. Fenwick proposed, in London, the organization of the International Council of Nurses, which in less than thirty years has federated the professional organizations of nurses throughout the world.

"As President of the British College of Nurses—endowed with the gift of £100,000—Mrs. Fenwick hopes to encourage a just sense of professional and personal responsibility in the nursing profession in Great Britain, through self-government, a privilege enjoyed by trained nurses in the majority of the dominions, in the United States of America, and in many European countries.

"The policy of *The British Journal of Nursing* during her term of office as active working editor has been largely responsible for the demand for legal status throughout the world, for higher technical and practical education for nurses, in their devoted service for the sick, and for high standards of public health.

"Good health and high spirits are the blessings for which Mrs. Fenwick thanks God, which have made life for her a splendid experience, and it is these combined blessings she wishes humanity to enjoy to the fullest extent, and which women engaged in the privileged profession of nursing have largely in their power to promote.

"Honest labour wears a lovely face."

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## *Meeting of the International Council of Nurses, 1929*

The Publicity Committee of the Committee on Arrangements for the Congress, 1929, of the International Council of Nurses, has sent the following information, together with a beautifully illustrated booklet of views of Montreal and its environs, to all national organizations of nurses affiliated with the Council:

The Sixth Regular Meeting of the International Council of Nurses will be held in Montreal from July 8th to July 15th, 1929. It is expected from five to seven thousand nurses from all parts of the world will be present.

A brief historical record of the Council and its aims may be of interest to those planning to attend the meeting.

The International Council of Nurses which is the title of the Federation of National Associations of Nurses was

founded in London, England, in 1899, by Mrs. Ethel Bedford Fenwick who was also the first president. No affiliation of national associations took place until 1904 when Great Britain, the United States and Germany were affiliated. At the last quadrennial meeting held in Helsingfors, Finland, in 1925, nineteen countries were represented on the Council as affiliated associations.

The voting body of the Council is known as the Grand Council, which is composed of the executive officers of the Council and the presidents and four delegates from each national organization.

The aim of the Council may be summed up in a quotation from the front page of the Council organ—"The essential idea for which the International Council of Nurses stands is self-government of nurses in their associations, with the aim of raising ever higher the standard of education and professional ethics, public usefulness, and civic spirit of their members."



### Committee on Arrangements

The Committee on Arrangements of the International Council of Nurses has opened a provisional office at the Royal Victoria Hospital, Montreal, and will be very glad to give information or help to those planning to attend the 1929 meeting.

Arrangements are being made for accommodating the visitors during the congress in Montreal, and in order that a sufficient number of rooms can be secured it is important to know approximately how many will attend.

Applications for rooms should be made early, and through the Committee on Arrangements. When applying please write a brief application indicating:

1. Name, address and position of applicant.
2. Type of room desired in Montreal.
3. Probable date of arrival and length of stay.

The Province of Quebec and the Nursing Organizations of Canada are awaiting the opportunity to welcome the visiting nurses to Montreal and nurses are urged to plan their holidays so that they will be in Montreal for the week beginning July 8th, 1929.

Anyone who may plan to come to Montreal by motor and who is not familiar with the routes can obtain information by applying direct to the Montreal Tourist and Convention Bureau, Inc., New Birks Building, Montreal, when particulars concerning the roads and routes will be given and maps furnished by Mr. Geo. A. Grafftey, convention manager.

Miss M. F. Hersey, superintendent of nurses, Royal Victoria Hospital, Montreal, is acting convener of the Committee on Arrangements.

### Montreal The Convention City— Par Excellence

No city in the new world offers the convention visitor so great a range of historic, scenic and recreational interest, combined with the conveniences and amenities of a present day metropolis, as does Montreal, Canada's largest city and the financial, industrial, commercial and transportation headquarters of the northern half of the North American continent. The population of Greater Montreal (census, 1927) is 1,129,783.

Side by side with the sturdy buildings erected in the seventeenth and eighteenth centuries stand striking examples of modern construction; triumphs of engineering skill like the Victoria Bridge, the new Harbour Bridge and the Mount Royal

tunnel contrast strangely with the city's myriad associations with the intrepid French Canadian pioneers who by canoe or afoot explored the middle of the continent and founded some of the greatest of the Canadian and American cities.

In or near Montreal are sites or actual structures recalling vivid memories of explorers, missionaries and soldiers who are inseparably bound with the history of the two sister nations, for they were the first to blaze the trail of civilization in the vast territory which now comprises central Canada and the Middle West of the United States.

Scenically the city of Montreal has enviable advantages. Occupying more than half the island of the same name, situated at the confluence of the St. Lawrence and Ottawa Rivers, the city has grown around the stately eminence of Mount Royal, whose sides and summit form a wooded park of 475 acres.

From the Mountain Park is gained a glorious panorama of rivers, lakes and countryside, with views of the Laurentians and the Adirondacks. A notable addition to the city's beauty spots will be St. Helen's Island when made accessible soon to motor, tram and foot passage by the new Harbour Bridge.

Montreal's dual population of English and French-speaking citizens give it a cosmopolitanism of spirit that makes it distinctive among the cities of the world, blending the attributes of Canadian, British, American and European centres. In the country regions a few miles away may be found scenes and character types which recall vividly the Brittany and Normandy of two centuries ago from whence came the ancestors of the habitants of today. Wayside shrines, thatched barns, well sweeps, roadside bake-ovens, yoked oxen, weavers, spinners, wood carvers and other handicraft workers, all breathe the spirit of an earlier and less favoured age.

Though 1,000 miles from the Atlantic, Montreal is one of the world's premier seaports, ranking next to New York on this continent for volume of trade, and leading it and all other ports of the world in grain shipments.

Montreal is the gateway to the Laurentians, a mountain playground thousands of square miles in extent, a paradise of nature dotted with gem-like lakes, rushing streams, soaring peaks, smiling valleys, and primitive forest in which deer, moose and other species of game abound.

## *Tentative Programme*

### *Biennial Meeting, Canadian Nurses Association, 1928*

**TUESDAY, JULY 3rd**

8.00 a.m.—Registration.

9.00 a.m.—Executive Committee meeting.

#### Opening Session, 11 a.m.

1. Call to order.
2. Reading of minutes of last General Meeting.
3. Acting President's address.
4. Report of the Honorary Secretary.
5. Report of Executive Secretary.
6. Financial statement Canadian Nurses Association.
7. Appointment of Resolutions Committee.
- Appointment of Scrutineers.
- Appointment of Press Representatives.
4. Roll Call.

#### Afternoon Session, 2 p.m.

1. Reports of Standing Committees:
  - Arrangements.
  - Membership.
  - Programme.
  - Publications.
2. Reports of Special Committees:
  - Study: Dual Membership in the C.N.A.
  - Study: Affiliation of the C.N.A. with the C.M.A.
  - Study: Joint Committee on Nursing.
  - Study: Need of more Public Health Nurses in Canada.
  - Study: Subsidiary Type of Nurse.
  - Study: Question of Pooling Traveling Expenses.
  - Crest for the C.N.A.
  - National Enrollment of Canadian Nurses for Emergency Service in times of disaster, war, etc.
3. Reports of Representatives to Meetings of National Societies with which the C.N.A. is affiliated.
4. Discussion of Reports.

#### Evening Session, 8 p.m.

(Open Meeting)

Chairman: Miss A. E. Wells, President of the Manitoba Association of Graduate Nurses.

Invocation: Major W. Robertson, Garrison chaplain, M.D. No. 10.

#### 1. Address of Welcome:

His Worship Mayor McLean, of Winnipeg.

Hon. E. W. Montgomery, M.D., Minister of Health and Public Welfare for Manitoba.

President of the Manitoba Medical Association.

#### 2. Response to the Addresses of Welcome:

Miss M. F. Gray, Acting President, Canadian Nurses Association.

#### 3. Selection by the Glee Club, Winnipeg General Hospital.

#### 4. Addresses:

Miss Jean I. Gunn (Chairman, Nursing Education Section).

Miss Elizabeth L. Smellie (Chairman, Public Health Section).

Miss Emma Hamilton (Chairman, Private Duty Section).

#### 5. Selection by Glee Club, Winnipeg General Hospital.

#### 6. Address: Prof. R. C. Wallace (University of Manitoba).

**WEDNESDAY, JULY 4th**

#### Morning Session, 9 a.m.

1. Unfinished business.
2. Report of The Canadian Nurse.
3. Round Table on The Canadian Nurse.
4. Report of Arrangements Committee, International Council of Nurses, Congress, 1929.
5. Reports of Federated Associations.

#### Afternoon Session, 2 p.m.

Business sessions of the

(1) Nursing Education Section.

(2) Public Health Section.

(3) Private Duty Section.

(To be held concurrently.)

On Wednesday evening the delegates and visiting members will be guests of the Manitoba Association of Graduate Nurses at dinner, which will be followed by a reception and dance.

**THURSDAY, JULY 5th**

#### Morning Session, 9 a.m.

#### Private Duty Section.

9-10.30—Group Nursing: from the standpoint of

(a) the patient.

(b) the doctor.

(c) the nurse.

(d) the hospital.

10.30-12—Maternal Mortality: by

(a) a doctor.

(b) a nurse.

#### Afternoon Session, 2 p.m.

#### Nursing Education Section.

2 p.m.—The Organization of Community Interest in Nursing Education from the standpoint of

(a) the public.

(b) the hospital.

(c) the medical profession.

(d) the nursing profession.

(Note: Ten-minute papers followed by general discussion).



3 p.m.—The Nurse and Her Opportunities:  
Miss Elizabeth L. Smellie.

3.30 p.m.—The Student Nurse as a Teacher  
of Health.

4 p.m.—Round Table: Methods of In-  
creasing and Improving Ward Teaching.

#### Evening Session, 8 p.m.

Chairman, Miss M. F. Gray, Acting  
President.

Addresses by:

- (1) Hon. R. A. Hoey, Minister of Edu-  
cation of Manitoba.
- (2) Miss Ruth Hallowes, Director of  
Education, College of Nursing, Lon-  
don, England.
- (3) Dr. A. T. Mathers, Provincial Psy-  
chiatrist for Manitoba.

FRIDAY, JULY 6th

#### Morning Session, 9 a.m.

##### Nursing Education Section.

9-10.30 a.m.—Round Tables "A," "B,"  
and "C" (conducted simultaneously).

Round Table "A"—for Superinten-  
dents of Schools of Nursing.

Topics—30 minutes each:

1. Education Entrance Standards.
2. University Schools of Nursing.
3. The Possibility of Organizing  
Central Schools for Preliminary  
Courses.

Round Table "B"—for Supervisors and  
Head Nurses.

Topics—30 minutes each:

1. Staff Conferences.
2. The Educational Value of Insti-  
tutes and Similar Short Courses.
3. The Place of the Head Nurse in  
the Educational Programme of  
School of Nursing.

Round Table "C"—for Instructors in  
Schools of Nursing.

Topics—30 minutes each:

1. How May the Habit of Study be  
Developed in the Student Group?
2. Evaluation of Various Types of  
Examination Question.
3. Teaching of Clinical Nursing.

10.30 a.m.—General Session of Nursing  
Education Section.

10.30 a.m.—The Education Programme of  
Nursing, England: Miss Ruth Hallowes.

11 a.m.—The Qualifications and Prepara-  
tion of the Teaching Staff in the School  
of Nursing.

11.45—Unfinished business.

Election of Officers.

Reports from Round Tables.

Reports of Resolutions Committee.

Introduction of Elected Officers.

#### Afternoon Session, 2 p.m.

##### Public Health Section. (Open Session).

1. The Nurse as a Teacher of Infant  
Care:

- (a) Fundamental Principles of Teach-  
ing: Miss Ruby M. Simpson  
(Director, School of Hygiene,  
Saskatchewan).
- (b) The Mother on the Maternity  
Ward: Miss C. V. Barrett  
(Superintendent, Royal Victoria  
Maternity Hospital, Montreal).
- (c) The Young Mother at Home:  
Miss C. deN. Fraser (Winnipeg).
- (d) The Mother and Big Sister in the  
Home. (Speaker not announced).
- (e) The Big Sister at School. (Speaker  
not announced).

2. Public Support of Nursing Services.  
(Speaker not announced.)

#### Evening Session, 8 p.m.

##### Public Health Section. (Open Session).

Chairman: Miss Elizabeth L. Smellie.

1. The Child Welfare Activities of the  
League of Nations: Miss Charlotte  
Whitton.
2. What a Department of Public Health  
Expects of the Nursing Profession:  
Hon. E. W. Montgomery (Minister of  
Health and Public Welfare for Mani-  
toba).

SATURDAY, July 7th

#### General Session, 9 a.m.

1. Unfinished business.
2. Election of Officers.
3. Report of Resolutions Committee.
4. Adjournment.

#### Afternoon Session, 2 p.m.

Executive Committee meeting.

Rates for hotels easily accessible to con-  
vention headquarters are:—

##### The Fort Garry:

Room without bath, 1 person.....	\$3.00
Room without bath, 2 persons.....	5.00
Room with bath, 1 person.....	4.50
Room with bath, 2 persons.....	6.00

##### The Royal Alexandra:

Room without bath, 1 person.....	\$3.00
Room without bath, 2 persons.....	5.00
Room with bath, 1 person.....	4.50
Room with bath, 2 persons.....	6.00

##### The Marlborough:

Room without bath, 1 person.....	\$2.00 up
Room without bath, 2 persons....	3.50 up
Room with bath, 1 person.....	3.00 up
Room with bath, 2 persons.....	5.00 up

Reservations should be made at an early  
date to assure delegates of comfortable ac-  
commodation.

## *Canadian Conference on Social Work*

By KATHLEEN D. G. KING, Child Welfare Association, Montreal

The first Canadian Conference on Social Work was held on April 24th, to 27th, 1928, at the Mount Royal Hotel, Montreal. The organizations responsible for the conference were the Social Service Council of Canada, the Canadian National Committee on Mental Hygiene, the Canadian Association of Social Workers, and the Canadian Social Hygiene Council. Meetings were held in both English and French. The divisional sessions: Health, Family, Children, and the Organization of Community Forces were held in the mornings. These were followed by luncheons, which were addressed by speakers honoured in their own fields. Round table discussions were arranged for each afternoon, where points of interest of that particular day were "threshed out." The evening sessions were as full and interesting as the daily ones, and one wondered how their neighbours could appear to absorb so much—day after day.

The honorary presidents were: Dr. Helen R. Y. Reid, of Montreal, and Dr. C. J. O. Hastings, of Toronto; President, Dr. C. A. Dawson, Montreal; the Divisional Chairmen: Health, Dr. C. M. Hincks; Family, F. N. Stapleford; Children, Robert E. Mills; Organization of Community Forces, Rev. J. Phillips Jones.

The registration was 424 delegates and 710 registrations, which included representatives from every province, of which there were two from British Columbia, two from Prince Edward Island, and thirteen from Nova Scotia.

The interest of the Conference was deepened by such leaders as Miss Ruth Hill, associate executive secretary, American Association for Organizing Family Social Work, New York City; Dr. Donald Armstrong, assistant secretary, Metropolitan Life Insurance

Company, New York City; Rev. Abba Hillel Silver, D.D., The Temple, Cleveland; and Mrs. Edith M. H. Baylor, Children's Aid Association, Boston. Perhaps of these Miss Ruth Hill was the most generous, contributing a paper almost every day. Although changes in the programme were necessary, there was no apparent break, as someone always delivered a polished paper. (Do all delegates come to conference armed?)

The sessions of Family and Children's Divisions were generally held jointly, while the Community Forces Division met in another room. The organization seemed almost perfect enough to remind one of the circus. Alighting from the elevator one registered and passed into the alley, which was lined with exhibits, posters and free literature stalls; not to mention information booths, as to trains, schedules for entertainments, etc. Then a blackboard told of changes in the day's programme, and from posters one chose the papers they would (or could) hear. The one regret of the Conference seemed to be that the papers were so interesting and numerous that the discussion time was short. A suggestion was heard that the next conference should be all discussion and no papers. For the out-of-town delegates, the hotel accommodation was very pleasant, and the comment was overheard that some of the "private discussions" were the most helpful, as the acquaintances formed are links by which social work and workers are welded together. . . .

Might the writer venture to mention what appeared to be the outstanding notes of the conference? Less specialization in handling the problems of the individual, stressing rather the family. Closer co-operation: the word "co-operation"



seemed to have developed further; "coalesce" was said to be the conference motto. Nevertheless, this conference brought together church and community forces, without distinction of race or creed, as never before in Canada. Also the fact that in many instances, private organizations are looking to the governmental organizations for their leadership. In the Health Section, which is of the greatest interest to nurses, emphasis was placed on the necessity of combining mental hygiene with physical and social hygiene. The individual must be considered as a whole, in relation to his environment. The I.Q. is not the end.

The problem of immigration was dealt with from many angles. This being the root cause of many of our social difficulties, occupied one of the most enthusiastic round table discussions of the conference. This round table was ably led by Dr. Helen R. Y. Reid, who has given much time and study to this problem, and is known to every reader of *The Canadian Nurse* not only for the contribution she has made to social work in Canada but for the interest, help and inspiration which she has given to our Canadian nursing organizations.

The organization of community forces had one whole morning devoted to Interpretive Publicity, and a round table discussion devoted to Publicity Technique. If social work and social

workers are to receive the support of the community they must become articulate. The community must know what they are doing. In this Canadians seemed to have fallen far short of our neighbours to the south. The one definite criticism heard of the conference was that not enough time was devoted to rural conditions.

It may be fitting to mention the entertainment last, but many of the representatives openly avowed it did not take the least place in their plans. One goes to conference to enjoy oneself—both in work and play—to renew old acquaintances and form new ones. As Miss Ruth Hill was heard to remark: "To see if one looks as her letters sound." Many representatives visited old fields and many were met by scores of invitations. The programme of entertainment included a reception by the Civic Government of Montreal; a drive, which was to some of our visitors their first introduction to our old historic city; teas, tendered by industrial concerns and by institutions, and last but not least, the conference luncheons and dinners. The closing dinner brought together church, state and lay representatives from every province of the Dominion. The Conference, undertaken with some misgivings, confirmed the hopes of the most optimistic. Dr. C. M. Hincks is the new Conference President for the next meeting, which is to be held in Ottawa in 1930.

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### INTERNATIONAL ANTI-TUBERCULOSIS CONGRESS

The Sixth International Anti-Tuberculosis Congress is to be held in Rome in September, 1928. Concurrently with this Congress an International Nursing Reunion will be held from September 25th to 28th. The International Council of Nurses have been invited to attend this Reunion and all nurses are cordially invited to be present. Canadian nurses who are planning to be in Europe in September should arrange to be in Rome for this Congress. The name and address of the general secretary of the Reunion is Miss Itta Frascare, Via Toscana 12, Rome, Italy.

## *Values in Public Health*

By **SIR ARTHUR NEWSHOLME, K.C.B., M.D.,** Former Principal Medical Officer,  
Local Government Board for England and Wales

(Reprinted in Public Health Center by permission, from Report of American Health Congress.)

It is proposed to submit some considerations bearing on the several departments of public health work, as they present themselves to one who for more than forty years has been engaged in assessing the relative value of public health possibilities and in promoting their realization in actual work. In such a survey only the outstanding points can be taken up.

Public health measures directed to improving child health are more fruitful than any others in securing adult fitness for useful life.

Rickets is one example which is worthy of more detailed reference. The importance of this disease, both as an enemy to child health and as a source of extreme danger in the subsequent childbearing of women, is even yet inadequately recognized. It is a very common disease, and we know that it greatly increases the danger to life when other diseases occur to which children are liable. Whooping cough, measles, and diarrhoea are especially fatal to rickety children; and the prevention of rickets will mean the saving of hundreds of thousands of children whose lives are now sacrificed to these diseases. Furthermore, rickets is the cause not only of pelvic deformities, but also of deformities of spine and weight and impaired intellectual development for any given age.

The exact connection between rickets and the occurrence of excessive catarrhs followed by adenoids is perhaps doubtful, but there is no doubt that the sunbaths and cod liver oil which prevent rickets will also greatly reduce the occurrence of catarrhs, and so further reduce the toll of deaths from catarrhal affections and of adult inefficiency in those who survive. This is not the complete story of the mischief wrought by rickets. Rickets is the chief agent producing pelvic contraction and deformity, with resultant difficult and complicated parturition, often necessitating operative aid or even Caesarean section. If our present excessive puerperal mortality is to be reduced it is indispensable that

antenatal clinics should be made available for a large part of the total population, skilled medical advice being given to anticipate and prevent complications in childbirth, one object being the early recognition of pelvic contraction and the management of parturition in accordance with the findings.

But how much better would it be to begin 20 or 30 years earlier the prevention of that large part of childbed mortality due to rachitic deformity of the pelvis; to begin during the first postnatal year of the future mother's life, and it may be added during the future mother's antenatal life? It is within the power of preventive medicine practically to banish rachitic pelvic deformities and thus greatly reduce puerperal mortality. True, we may not be able to measure results in the next year's health officer's reports; but we will all agree that reason and science demand an intensive campaign in favour of the demonstrated and certain means for preventing this serious disease.

A valuable scientific demonstration of what can be done in this direction is being made in New Haven under the auspices of the U.S. Children's Bureau in conjunction with the pediatric department of the Yale School of Medicine and the local health organizations, which will repay watching. There is no valid reason why in every area active antirachitic measures should not be started, with the well-founded expectation that action on these lines will not only eliminate rickets, but will also reduce the catarrhal infections which have hitherto proved so intractable.



You will, I hope, agree that we may now enunciate a second aphorism, viz.:

A sure way of decreasing childbed mortality is to make cod liver oil a regular item in the dietary of the mother during the first year of her life.

But we have not exhausted this question of the inter-relation between infant health and adult health. Reference has already been made to tuberculosis and syphilis as two arch-enemies to life and health in adult life. In the first three years after birth they are even more so; and no scheme of child hygiene work is satisfactory which does not include within its activities the prevention of these infections, conjointly with the work in the anti-venereal and anti-tuberculosis divisions of public health administration. Much tuberculous infection in childhood has been due to infected milk, and we are being increasingly protected against this. Much more continues to be due to the exposure of each child, especially in tuberculous families, to serious risks from tuberculous adults, before partial immunity against infection has been acquired. A chief problem of the anti-tuberculosis campaign and of child welfare work alike is how to minimize this infection during the first three or four years of life. The share borne by syphilis in causing the serious loss of child life and also various forms of mental defect and feeble-mindedness in children, is being increasingly realized.

We can therefore advance a further generalization, namely:

A public health problem is commonly another problem in disguise.

It is only by appreciating the close interrelation indicated by this aphorism and by acting upon this knowledge that we can hope to secure satisfactory results in the diminution of disease and the enhancement of health.

The close interlocking of public health problems is further illustrated by the essential dependence of the health of the child on that of its mother. This has already been illustrated in the case of rickets. But apart from what can be done in infancy to protect the future mother's health and life, many other measures are

still needed to safeguard the mother's health before, during and after child-birth. As public health workers, we cannot say that we are doing a tithe of what can be done to this end. An analysis of the deaths during pregnancy and associated with parturition shows that they are largely preventable; but they are not prevented. It is scandalous that in England three, in some parts four or even six, mothers die for every 1,000 infants born alive; while in this country the position is even worse. It is not that either country cannot afford to take the necessary measures, least of all this country. It must be that we are ignorant or careless or callous, or that we are singularly inefficient in "selling" our special knowledge to the public. It is our duty to see to it that no reason for inactivity shall remain except persistent hardness of heart.

The facts cry out for reform; and every motive associated with the sacred work of maternity is implicated in the needed reforms. And yet it remains unnecessarily true that child-bearing continues to be a dangerous occupation; and that, in fact, it causes as many deaths among women at child-bearing ages as do all the industrial accidents of men at the same period of life.

This is not all. The greater part of infant mortality occurs within a month of birth; in addition an even larger number of infants are stillborn, for whom life in more favourable conditions would be possible. Much of this extremely heavy but avoidable loss of infant life and of the associated injury to mothers, sometimes fatal, is caused by the injudicious and improper management of parturition; and the remedy consists in the provision of satisfactory, skilled antenatal care for every mother. Nothing short of this should be consistent with our ability to sleep quietly in our beds, once we have realized this gigantic evil. Will the urgent reform needed permit in any state the practice of midwifery to be continued by "handy women" and midwives, for whom usually little or no training is provided? For those above the poorest class midwifery too often is

practiced by too busy medical practitioners; and what is needed is a trained maternity nurse for every parturient woman to watch the normal course of parturition, calling in—if necessary at the public expense, as in England—a skilled medical accoucheur when needed. The essential need for safe child-bearing is skilled medical diagnosis antenatally, and the reform here foreshadowed, far from diminishing the need for medical aid, will necessitate the expenditure of public money in this direction and in insuring that for the very poor, satisfactory maternity nurses may be everywhere available.

Permit, then, a further aphorism:

No section of the community—whether it be medical, non-medical, or concerned in public administration—can justify itself before the court of humanity in the possession of means for enhancing the public health unless it adopts every available measure for securing the practice of these means.

Were space allowed, it would be our desire to carry this statement of principle into other branches of medicine, and especially as related to the defects and diseases discovered in pre-school children and in children attending schools. Only brief allusion can be made to the vast number of cases, to mention no others, of serious dental disease, of enlarged tonsils and adenoid growths which after being detected remain untreated. Let us at this point interpolate the remark:

No systematic public health report on a community should be allowed to pass muster which does not record the proportion of defects discovered in which all possible remedial measures have been applied. How many public health reports are able now to do this?

We may at this stage then formulate a further aphorism:

When measures of personal hygiene for public health have failed to prevent the beginnings of disease, it is the duty of public health administration to insure that every individual who, without this provision would remain inadequately treated, shall have access to forms of treatment which are needed to prevent the later conse-

quences of disease as shown in personal and social inefficiency.

Of course, it would be more satisfactory if the conditions necessitating treatment to prevent further disease and its consequences could always be prevented; but to rest barrenly content with this aspiration is as foolish as would be a health officer who refrained from controlling a typhoid carrier because he could not discover the source from which the carrier derived his infection. The community which allows physical disease to be discovered without insuring treatment is responsible for a vast amount of ill-health, for the production of artificial stupidity in children, for persistent deafness and defects of vision, for various focal infections, and for much tuberculosis and cardiac disease.

In bringing about this result it is the bounden duty of every socially minded person to become an active politician in respect to every form of local and national government, in order that the pioneer work which will always be initiated and promoted by voluntary societies may increasingly become part of each local health organization and be supported out of general funds. We cannot rid ourselves of responsibility by standing aside and taking no part in government.

This leads to the statement of the last aphorism which shall be submitted for your consideration. It is this:

Among the enemies of the public health against which we have had relatively little success, are those especially in which character and conduct are concerned.

As public health workers, we devote much time and ingenuity to publicity work, and this does good, so long as we follow Dr. C. V. Chapin's advice: "For the sake of those who come after, stop filling your columns with tommyrot, hot air and dope". But the best educator is he who waits on and aids the development of the human mind. The basic need is to train the behaviour of the individual in the varying circumstances of life; it is the lack of this training which is responsible for the continuance of a large amount of preventable disease. We need to seize



on morality as an economic and hygienic motive, and so to train every growing boy and girl that each one may secure complete control over the thickly populated but well-disciplined crowd of ancestors who are thronged within each human brain.

Character training is the most important, but the most neglected, part of our educational and hygienic work, from the cradle to the university. This is true in all branches of public health work. A sensitive conscience will prevent us from neglecting our duties as citizens to help in securing good work in every branch of administration. It will greatly reduce the carelessness which leads to the dissemination of tuberculosis, and still more it will fortify the moral and racial motives which are needed to eliminate venereal diseases. In this instance, we are dealing with a chief passion of humanity, and are concerned with the whole problem of self-control. This cannot always be successfully taught in the presence of an urgent temptation. It should have been built up from earliest infancy by steady and wise discipline, by the use of play and the community spirit in initiative and

forming habits of control, by a cultivation of the moral and spiritual attitude which constitutes the chief hope of the future in public health as well as in other concerns of life. Venereal diseases are instances in particular because these diseases are perhaps the best public health example of the need: for the third end of public health work, as of all social endeavours, is to cultivate the best mental and moral potentialities of each individual.

Whether by moral education alone or by this combined with judicious compulsion for the laggards in civilization and morality, an increasing sensitiveness of the average conscience and an ever-increasing desire to ameliorate our remaining evils, are now growing in the community, and I do not doubt that we are progressing to a higher future in which selfishness will become less rampant in human affairs and in which the communal welfare will be the desire and aim of every unit of the population. To the pessimistic view that we are "going to the dogs," I prefer the view expressed by Tennyson as embodying the real outlook: "This fine world of ours is but a child yet in the go-cart."

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## *Provincial Association Series : Saskatchewan Registered Nurses Association*

By RUBY M. SIMPSON, Regina

The Saskatchewan Registered Nurses Association was incorporated in March, 1917. To the recent young graduate of the province such a statement is a statement only. To those with an insight deepened by experience it suggests a background of purposeful effort, the history of which we are all too prone to forget.

Until a few years previous to this date there had been no nurses organi-

zation in Saskatchewan. In the very young, but rapidly growing province, the training schools were also young, with no well established Alumnae Associations as in the older parts of Canada. Early in 1911 a small group of nurses met in the old General Hospital in the city of Regina, conscious of the need of a medium through which the aims and ideals of their profession might be expressed. A con-

stitution was drawn up and with Miss Clarihue, superintendent of the Regina General Hospital, as president, the first nurses' association was organized. Although the ultimate aim was a provincial organization, as suggested by the name chosen, the original effort was entirely local. Meetings were held monthly, with an excellent attendance and keen interest indicated by the records. The annual meeting of 1914 reports members present from points outside of Regina, while that of 1915 shows delegates from local associations in Moose Jaw and Saskatoon. In 1916 the annual meeting was held in Prince Albert, when the first provincial constitution was outlined, stating the objects of the Saskatchewan Graduate Nurses Association as "the advancement of the educational standards of nursing, the maintenance of the honour and standing of the profession, and the furtherance of the necessary legislation thereof." Miss Jean E. Browne was elected president.

The years of the war left the Association depleted in numbers but strong in patriotic fervour. The Saskatchewan unit was organized for overseas service, with Miss Jean Urquhart as matron. Those remaining continued not only their regular monthly meetings, but also met weekly to do their share of relief and Red Cross work.

The struggle for registration began almost with the beginning of the first organization, as shown by the records from the year 1913. It was discussed in every session of the 1914 annual meeting and legal advice was sought in that year in the framing of the bill. The years 1915 and 1916 were filled with the work and worry of preparation, and the first registration bill was introduced into the Legislature in the 1916 session, when it was defeated at the second reading. Disappointed but still determined to achieve their aim, the members faced in the following year the real work for registration. Finally, dropping

legal phraseology, the executive drafted an outline stating in their own words what they desired and proceeded to overcome the objections of obstructionists. This was later put into legal form and presented and passed in the session of 1917. The organization then became the Saskatchewan Registered Nurses Association. To Mr. R. W. Shannon, counsel of the Legislative Assembly, and to Dr. W. C. Murray, president of the University of Saskatchewan, nurses are deeply indebted for assistance and advice in connection with the bill. Of members of the Association itself, the names of Miss Jean E. Browne and Mrs. W. M. Valkenburg will always be connected with this strenuous time. As president and secretary for that year they were tireless in their efforts and undaunted in their enthusiasm for the success of the plan. Other members named in the Act are Effie M. Feeny, Grainger Campbell, Ruth Hicks, Nora Armstrong, Helen Walker and Jean S. Wilson, all of whom gave strong support and individual effort, contributing to the success of the bill.

The years immediately following were busy ones indeed, and tribute must be paid to the faithful work of Miss Jean S. Wilson, who as secretary-treasurer of the new Association, carried the heavy burden of the clerical work of registration of the hundreds of nurses making application from all parts of the province. This work, becoming more onerous each year, was continued by Miss Wilson until she left the province in 1920.

The annual meeting of 1920 saw several new developments. A decision was made by a vote of the members to introduce a subsidiary group of nurses—to be known as nursing housekeepers—to be trained under the joint sponsorship of the Saskatchewan Red Cross Society, the Saskatchewan University and the Saskatchewan Registered Nurses Association, supervision to be maintained by the latter. The appointment of a nurse



for this position was the opportunity awaited for the provision of a provincial office with a registrar-secretary in charge. Miss Mabel F. Gray was appointed and continued to hold the dual office until 1925. Late in that year the training of the secondary nurse was discontinued.

After working for several months the Nurse Education Committee presented in 1921 the Minimum Standard Curriculum for Training Schools for Nurses. This curriculum was accepted by the S.R.N.A. in annual convention in that year, and later, with a few changes, was approved by the University Senate as a basis for registration by examination. This curriculum is still the standard for the province in all hospital training schools.

In 1920 the first University short course was arranged, particularly for nurses doing health work in the schools, and among other subjects Miss Jessie Bancroft, of New York City, gave a series of lectures on Posture. In 1922 a course was given for hospital administrators, with Miss Ethel Johns, of the University of British Columbia, in charge. A second course in school work was held in 1925, with Miss Annie Laird, of the University of Toronto, as special lecturer in Nutrition.

Annual meetings took the form of two-day conventions, held alternately in Regina, Moose Jaw and Saskatoon, until 1925, when the time was increased to three days to include an institute or refresher course. This has proven very successful. The plan is to choose subjects of interest to the different nurse groups and to arrange a series of lectures in each subject. The success of the institute has been largely due to the assistance given by nurse speakers from other provinces and states: Miss Gladwin in 1925; Miss Elizabeth Russell, 1926; Miss Anna Wolf, 1927; and Miss Jessie M. Grant in 1928. The attendance has increased each year, with representation from every part of the province,

and the greatest interest is shown by the members. The institute will probably be continued.

Toward the fund for the Nurses Memorial erected in Ottawa in 1926 this Association gave of its best effort, the years 1921, 1922 and 1923 being devoted particularly to it. The response from all nurses was excellent, but special mention is due the pupil nurses in training schools and the nurses in hospitals in small centres. It was a real inspiration to be in touch with them and to note the splendid results which attended their plans. In this large province, with its scattered population, just such an objective was really needed to unite the members of the profession in a common effort and to re-awaken an interest in nursing affairs.

The Association continues to grow. Moose Jaw, Saskatoon and Prince Albert have thriving local organizations. Alumnaes have been formed with many of the training schools. The provincial office reports an increase each year in the number of nurses presenting for registration: 158 in 1927 as compared with 94 in the previous year. The total register in May, 1928, shows 1,182 nurses registered since 1917. The chief executive officers since the first organization are:

- 1911-1913—Miss Clarihue.
- 1913-1914—Mrs. (Dr.) J. C. Black.
- 1914-1916—Mrs. J. A. Westman.
- 1916-1919—Miss Jean E. Browne.
- 1919-1921—Miss Jean Urquhart.
- 1921-1922—Miss Jean E. Browne.
- 1922-1925—Miss Ruby M. Simpson.
- 1925-1928—Miss S. A. Campbell.
- 1928—Miss Ruby M. Simpson.

To the nurses of the earlier years we pay tribute. The foundation so well and truly laid by their efforts is responsible for the development of a united, progressive and enthusiastic Association. In the rush of the day's work we may seldom pause to consider their gift to us, but as we strive each year to uphold the ideals and further the aims which they outlined their work will bear its real fruit.

## *Vignettes from the History of Nursing*

*By Members of the School for Graduate Nurses, McGill University, Montreal, with Introductory Note by Maude E. Abbott, M.D., Lecturer on the History of Nursing. (Continued.)*

### XVIII

#### MACRINA

By MARGARET M. E. ORR, Toronto, Ont.

When we of the modern school of nursing feel the need of inspiration and the necessity of a renewal of our idealism, which threatens to be engulfed in the materialistic trend of modern social life, there is no more effective means of stirring one's feeling of appreciation toward the further possibilities of our profession today than the study of the lives of those saintly women of the past: with all their brilliancy of aspiration, self-denial, and magnificent accomplishment of a studied purpose.

The maternal passion, with all its beauty of desire to protect, inspire and aid those of weaker stamina, seems the outstanding quality in many of these women.

Macrina, who very early in life showed a remarkable influence over those about her, is perhaps one's ideal of what the elder daughter of a family should be. Loving and dutiful to her parents; protective and full of inspiration: an example to her brothers and sisters. One cannot imagine a more strong and unselfish character.

Macrina was born about 327 A.D. on the family estate in the village of Annesi, on the banks of the river Iris, the eldest child of Basil and Emmelia, and grand-daughter on the paternal side of Macrina, the elder. Her family was one of wealth, and supreme intellectual and social prominence. Macrina was a beautiful woman, gifted not only with noble character and high intellectual ability, but also with an earnest piety, which accounts largely for her decided influence over her clever and distinguished brothers: three of whom became bishops. Carefully educated by her mother, and made familiar with sacred writers rather

than heathen poets, she was at a very early age capable of reciting the moral and ethical portion of the book of Solomon, as well as the Psalter.

As would be expected with one of such great personal beauty, fortune, and position, Macrina was besieged with suitors, and finally, under her father's advice, she accepted as her betrothed a young advocate of good birth and position.

Realizing the great honour which had come to him in having as his future bride such a charming and desirable lady, he immediately redoubled his efforts to be worthy of her. Just when he was gaining an excellent reputation he was cut off by a premature death. Macrina was overcome with grief and disappointment, and in spite of the remonstrances of her family, still regarded herself as married to him. In her opinion marriage was an act which could no more be repeated than birth or death; so she would consider no further proposals of marriage.

After her father's death in 349 A.D. she devoted herself to the care of her mother, relieving her entirely of the responsibility of their vast estate, which was located in three different provinces. She counselled and encouraged her brothers: Basil, two years her junior, and Gregory, in regard to their education. She arranged satisfactory marriages for her four sisters, and personally supervised the education of her youngest brother, Peter.

When in 355 A.D. Basil returned from Athens, greatly pleased with his university successes and full of hopes for a great career, and more or less looking down on all men of rank and official station, Macrina talked with him and reduced his self-conceit, and instilled in him disregard of all earthly wealth and distractions, per-



suading him to choose the life of asceticism, which she had recently adopted.

Accordingly, the brother and sister established themselves on different portions of the paternal estate, on opposite banks of the Iris. Here Basil originated the *Xenodochium*, which he rebuilt on a much larger scale after he had been appointed Bishop of Caesarea in 369 A.D., and named after him the *Basiliæ*. It was the model used by many charitable persons in the building of other *xenodochia* for the care of the sick. Basil was very interested in the treatment of lepers and had a building constructed especially for them, personally visiting and attending them in the wards.

In 357 A.D. Macrina's most-loved brother, Naucratus, came to an untimely end while hunting. This last great grief determined her to separate herself entirely from all worldly pursuits and persuaded her mother to embrace the ascetic life.

The nucleus of the sisterhood was formed by their female servants and slaves. Later, women of high rank joined them, thus encouraging the daughters of aristocratic Christian families from Pontius and Cappadocia to enter the Order. Most prominent was a widow of high rank and wealth named Vestiana, and a virgin named Lampadia, who is described as the chief of the Order. Patients were received in the convent and were cared for by these ladies. As Macrina was first ordained a deaconess it seems possible that the virgins visited the sick in their homes. Basil wrote their rule allowing the privilege of visiting their relatives, nursing them in sickness, and to receive visits from women. Their rule allowed them to bathe once a month, but the patients could be bathed as often as the doctor ordered.

About this time Peter, who was attached to the convent, was ordained presbyter by Basil, later being created bishop. Gregory of Nazianze and Eustatius of Sebaste associated with

this pious circle, stimulating them to make further advances in Christian perfection.

Macrina's later life seemed distinctly monastic, yet writers of most opposite religious schools claim her. Schafer places her next to Olympias, who was her friend. Kolliny, quoted by Schafer, "considered that her community presented an original of Kaiserwerth and that its vigour lay in the fact that, while her bands of virgins lived an utterly unworldly life, yet the roots which bound them to the realities of life were not cut." All writers comment on the extraordinary impress of her spiritual nature on the life of the world, her loftiness of ideal, and her purity of thought.

In 373 A.D. her mother died, and six years later, her distinguished brother Basil. This was Macrina's third great sorrow in life, and her health, already weakened by her austerities, was completely ruined.

Nine months later her brother, Gregory Nyssa, who had been at the convent at Antioch, returned home. He had been banished under Valus, because of the faith. They had not met for nine years and were looking forward to the interview with the keenest anxiety. Macrina was hopelessly ill with fever and Gregory found her stretched on a couple of planks, facing the east: one slightly elevated to raise her head and shoulders. In spite of her extreme weakness she attempted to rise and do him honour as a bishop. Gregory prevented her and had her placed in her own bed.

Gregory was deeply touched and his account of the interview is very pathetic. Macrina maintained magnificent control of herself; putting on a cheerful countenance she proceeded to cheer him by inquiries as to his trouble, relatives and other ordinary topics of conversation. When she mentioned Basil, however, she broke down completely. In spite of her own grief she attempted to console him, and when it proved unavailing

she rebuked him for grieving like those who had no faith.

After a somewhat heated discussion, Macrina, as though under divine inspiration, delivered a long discourse on the resurrection and immortality of the soul, which Gregory has recorded in the "De Anima Resurrectione" dialogues. In this she emphasized "the purificatory nature of the fire of hell; being caused by the separation of the evil from the good in each man; the anguish being in exact proportion to the rootedness of the sinful habits."

Later, she spent some time reviewing her past life, recounting God's mercies to her, saying that "she had never been compelled to refuse any who asked of her, nor to ask of others herself." When Gregory was inclined to complain of his miseries and privations under Valus, she reproved him, reminding him that he owed all that he had accomplished in life to the education he had received from his parents.

She spent her last hours consoling and comforting her brother until her voice failed. Shortly after, she slipped quietly away in the midst of her prayers. Round her neck was found an iron cross and a ring containing a particle of the True Cross. She was buried beside her brother Basil, in the grave of her parents, in the Chapel of the Forty Martyrs, about a mile from her monastery.

After her death miracles performed by her were recounted to Gregory. Macrina is commemorated both in the Meneea of the Greek Church and in the Roman Calendar on the 19th of July.

## XIX MACRINA

By LILLIAN I. MORTON, Proton Station, Ont.

Macrina was born about the year 327 A.D. She was the eldest daughter of her parents, Basil and Emmelia, a wealthy and noble Christian family, of a very high order of piety, living in Annesi of Neocaesarea. She re-

ceived her name from her paternal grandmother, Macrina the first. A second name, that of Thecla, was given to her as a title of consecration in honour of a virgin martyr of that name, but she was commonly known by her first name only.

Her mother, being a very religious woman and ambitious for her child's spiritual welfare, supervised her education. Especially was she instructed in the holy Scriptures. Before the age of twelve years, she is said to have committed to memory the whole of the Psalter as well as other portions of the Scriptures.

As she grew to young womanhood her personal beauty was very marked, as well as her intellectual gifts and earnest piety. At quite an early age she was affianced to an ambitious young law student, who, however died before their marriage. Macrina, considering herself his wife in the eyes of God, refused to consider any further proposal of marriage.

After her father's death, when she was about twenty-two years of age, she was her mother's mainstay in the care of a large family (nine in all), and an extensive and valuable property. It was to their sister, Macrina, her noted brothers, Basil the Great and Gregory Nyssa, gave a large measure of credit for their success in life. She is said to have been ever a wise and loving counsellor. One writer speaks of her as the spiritual head of the family.

Macrina was both a deaconess and a nun in that she was ordained a deaconess at quite an early age, and in later life established a religious community or convent, of which she herself was the head. This community was founded on the paternal estates in Annesi, on the banks of the Iris. At first it was composed only of Macrina and her mother, with their maids and slaves, but in a short time other like-minded women of both higher and lower ranks joined with her. Their rules were very simple. Following as they did the one mode of life, having one order, one discip-



line and one peace, they lived in unity and love. The sisters were allowed to visit their friends in illness and to receive visits from women. They acted as nurses to their own people, also received patients at the convent. One pathetic part of this heroic and noble life of Macrina, as of others of this time, was the practise of asceticism to a very great extent.

After the death of her mother, whom she had personally attended for some years, Macrina continued her life of seclusion, being joined now by her brother Peter, who also worked with her towards the attainment of a pure and holy life. Her grief upon the death of her brother Basil the Great, together with her manner of living, had a very injurious effect upon her health. In the year 379 A.D., some nine months after Basil's death, she was taken ill of a fever and died. Towards the close of the last day of her life she gave to her brother Gregory a thankful review of her life, recounting many blessings, among which was this, that she had never had to refuse any who asked of her, nor to ask of others herself. One writer, Kolling, places her next to Mary as having left an unexampled impression of her spiritual nature upon the world.

She was buried by her brother in the grave of her parents, in the chapel of the Forty Martyrs.

## XX

### MACRINA

By MABEL SHARPE, Toronto

There seems to be some doubt as to the exact date of Macrina's birth, but it is usually claimed to have been 327 A.D. or 330 A.D. She was the sister of Basil the Great, Bishop of Caesarea, and of Gregory of Nyssa, on whom she seems to have had a great influence.

She was a very beautiful girl of forceful character and highly intellectual. Her mother, a pious, well-educated woman, had Macrina educated in the sacred writings, and at an early age she memorized the moral and ethical portions of the

Books of Solomon and the whole Psalter. She was betrothed to a young lawyer, whose untimely death resulted in her devoting her life to Christian work. She refused marriage, although her great wealth and beauty attracted many suitors.

In 349 A.D. her father died, and as the eldest of a family of nine she managed the estate, took care of her widowed mother, and helped to bring up her younger brothers and sisters. She exercised a great influence over her brother Basil, and it was she who persuaded him at the end of a brilliant university career to turn to the Christian life. She was early ordained a deaconess.

The death of her brother Naucrati in 357 A.D. seems to have decided her, and she, with her mother and brother Philip, built a home at Annesi, on the river Iris, and later founded a convent where she drew a community around her. Her brother, Basil, drew up their rites. They were allowed to visit relatives in illness and receive visits from women. They acted as nurses to their own people and received patients in the convent. They bathed only once a month, but the patients were to be bathed as often as the doctors ordered.

Her mother's death in 373 A.D. was a great grief to her, and when in 379 A.D., just shortly after her brother Philip had been ordained a presbyter, her brother Basil died, her grief was such that she did not recover, and died in 380 A.D.

Her life in the community was one of strict asceticism and zealous meditation on the truths of Christianity, and prayer. She was a great teacher and just before her death talked with her brother Gregory on the soul, death, resurrection, and the restoration of all things.

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(To be continued)

## *A Provincial Health and Hospital Survey*

With the object of securing more adequate knowledge of health conditions in the Province of Manitoba the Minister of Health and Public Welfare (the Hon. E. W. Montgomery, M.D.) has inaugurated a Survey of Health and Hospital conditions in that province.

For the carrying out of this task Dr. Montgomery has chosen the Welfare Supervision Board, and this board, in turn, has appointed from their membership a Health and Hospital Survey Committee. The Committee undertook this new field of study in March and was fortunate in securing Dr. F. W. Jackson as medical officer, and Miss Agnes B. Baird, Reg.N., as assistant investigator.

In addition to engaging the services of trained investigators the committee's plan of campaign includes the sending out of questionnaires to all medical practitioners, superintendents of hospitals, suburban and rural municipal councils, and to public health nurses and school teachers throughout at least

the rural parts of Manitoba. The committee is of the opinion that a great deal of information can be obtained from individual district nurses, and that every graduate nurse should have useful information to offer in regard to training schools and the hospital situation in the province.

The committee intends, also, to make a study of health and hospitalization in other provinces, and in this connection will consider not only the public health and institutional work, but also questions of legislation, supervision and finance, etc.

The committee is anxious to gather information from every available source: information in regard to hospitals and hospitalization; tuberculosis and all its problems; sanitary conditions in the province, especially rural Manitoba; the most efficient way of carrying out health officers' duties; maternal and foetal death rates, etc. And last, but very important, information in regard to the health of children of school and pre-school age.

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## *League of Nations Society in Canada*

After material for this issue had been arranged a member of a federated association of the C.N.A. contributed an article on the League of Nations Society in Canada. It is regretted that space does not permit this contribution to be published in full. Quoting the writer in part:

The aim of the Society in Canada is to have at least one hundred thousand members. Public support is what is needed so badly. We have splendid men in charge of affairs, as we had splendid generals in the war, but what could they have accomplished without the rank and file of the army, and without the women at home doing their bit also?

Now, as our nurses were efficient in caring for the wounded in the past, may they not be of greater service in co-operation with the League of Nations, and as members of that League in serving their country in the cause of peace, and ever keeping before the world the needless waste and suffering caused by war.

We may think that we as members of the nursing profession can do very little in settling the affairs of nations, but nevertheless we recognize the importance of preventive measures in all questions affecting the health and well-being of the community; and how much better it is to prevent injury and disease than to be efficient only in caring for those who are stricken.



## Department of Nursing Education

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### *Industrial Nursing*

By FRANK G. PEDLEY, M.B., D.P.H., Director Industrial Clinic,  
Montreal General Hospital.

When the term Industrial Nursing is mentioned something usually registers in the mind of the average nurse. The mental image may comprise a bottle of tincture of iodine, a few bandages and some aromatic spirits of ammonia, but something at least is thought of. But when the term Industrial Hygiene is uttered a blank mind is almost the invariable result whether it is the mind of the doctor, nurse or layman. Now since Industrial Nursing is intimately associated with the whole programme of Industrial Hygiene I propose to speak for a minute or two on the broader subject.

Industrial Hygiene deals with the health of industrial workers in the same manner that Child Hygiene deals with the health of children. If one regards the general population as a whole it can be logically divided into four groups: (1) the pre-school group, (2) the school group, (3) the industrial group or wage earners, (4) a miscellaneous group of housewives and the idle rich.

From the standpoint of preventive medicine the first group must be regarded as that in which efforts are most promising. It is unfortunately, rather inaccessible. The school group is very accessible and it is everywhere the point of attack by cohorts of nurses and doctors and the like, who examine and measure, who extract teeth, tonsils and practically everything that is loose, who administer large quantities of milk and who inject vaccines and antitoxins at a great rate. These procedures are all calculated to improve the

health of the school child and there is very little doubt that they do.

The third group of industrial workers is also usually quite accessible. It is an adult group and has in many instances developed habits and physical defects which are difficult to cure. It is a group which public health officials don't bother much with unless it gets typhoid fever or smallpox. But it is a group which requires as active supervision as any.

If we examine the records of the last fifty years we find that great reduction has been made in the mortality of infants and children but the mortality of adults remains about the same. The reduction of deaths from tuberculosis has been balanced by the increase in deaths from heart disease and cancer and it is these diseases of later life in which the industrial hygienist is interested.

Perhaps the workings of industrial medicine can be best illustrated by a description of the activities of an industrial medical department, and in order to make the thing concrete I shall tell you of the programme we offer to employers in Montreal.

If an industrial establishment employs 700 to 1,000 men it will be found advisable to employ a part-time doctor, a full-time nurse, and probably a clerk. The latter, however, is a luxury which must frequently be done without. If the plant is much larger the staff must be increased and if much smaller the nurse might be the only one of the three. But with doctor and nurse working together their activities would be as follows:

(1) Examination of all new employees. This is done not with a

view to eliminating unfit men from employment but with a view to placing them at the work they are most suited to. This examination should not be used to select the cream of the labour market, for, if it is, strong opposition will develop in the ranks of labour. It is manifestly unfair to reject men with defects like flat feet, varicose veins and the like when they are obviously able to work and in fact must work somewhere.

(2) The treatment of industrial accidents. This is an important function of the medical department, but not the most important. It is the only function of most industrial physicians in this city at present. From the standpoint of the worker and also from the employer's standpoint accidents represent a very small part of industrial ill health. The amount of time that the worker loses from accidents is usually about a tenth of the time he loses from sickness and although the employer does not as a rule compensate him for this loss of time, he loses the man's work and the man loses his pay. So it is obviously of mutual advantage that sickness should be reduced to the minimum. To say that an employer is unwarranted in supervising the health of his workers is as logical as saying that the employer is unwarranted in supervising the care of his machines. The employer does not pay wages to an idle machine but does lose its production.

(3) The diagnosis and treatment of minor diseases so that they may be prevented, if possible, from becoming major.

(4) The periodic examination of the workers. In the writer's opinion this is the most important part of the whole work. It requires a more or less specialized knowledge not only in the making of the examination but in the giving of sound advice after the examination has been made.

(5) The visiting of the sick absentees by a nurse to see if they are

receiving medical attention and are in a financial position to pay for it. The doctor does not make home visits.

(6) The supervision of the sanitation and safety of the plant.

Now the nurse enters into all these activities and if she is wide awake and intelligent she can often bolster up the doctor if he is deficient, as he frequently is.

The strictly nursing work that the nurse is required to do is varied. In the plant medical department she is responsible for the general care of the place, she does a considerable amount of first-aid work, gives aid to the female employees when they are periodically indisposed, inspects the plant, instructs first-aid workers, spreads a little health information and so forth.

Outside the plant the nurse may be required to visit the sick absentees. In this capacity she acts as a district nurse and gives what minor aid she can in the form of bed baths, sponges and the like. She can make herself an important influence in the home and whereas a private nurse enters comparatively few homes the industrial nurse enters a great many.

The industrial worker is a person who does not see much of the private nurse. When he is sick he does not have a nurse because \$5 a day, or whatever it is, is far above his slender income. The industrial worker receives in this province an average of \$880 a year. That is to say some receive more and some receive less but the average is \$880 or \$73 a month. This does not permit of much medical expense and naturally there is little opportunity for saving. As a matter of fact it is probable that the great body of workers do not save anything but spend all they have and even mortgage their incomes by buying on the instalment plan. Therefore, sickness is a catastrophe. It means the cessation of income and additional



expense for doctors and medicines.

To those of you who are interested in a life where your services are for the most part badly needed and much appreciated the field of industrial nursing should have a strong appeal.

It must be understood that special qualifications and training are very desirable in one entering the field of industrial nursing. The training of the average nurse is directed towards the curative side whereas the essential function of industrial nursing is preventive. A public health training is very desirable, or at least some experience in public health work. One should know something about posture, ventilation, industrial poisons and the like. I don't mean to say that you can't get a job without knowing of these things, for the employer is frequently ignorant of what he needs, but one cannot do the job intelligently without know-

ing what it is all about. It is because an industrial job is considered a sinecure that it frequently degenerates into a finger wrapping and pill dispensing business.

In Montreal, I need hardly say, the ability to speak both French and English is highly desirable. It is our practice at the Industrial Clinic to require this.

The opportunities in this field in Montreal are not at the present very great. In fact the supply of nurses considerably exceeds the demand. We expect however with the advent of the new workmen's compensation act, which is to be placed before the legislature this month (January, 1928), that many more employers of labour will require medical assistance. Those of you who have industrial leanings should in the meantime, like wise virgins, trim your lamps and prepare yourselves for the call when it comes.

#### **BEDFORD COLLEGE FOR WOMEN: SUMMER SCHOOL**

Miss Jean E. Browne, National Director of Junior Red Cross in Canada, has been invited to assist in the conducting of a summer school at Bedford College for Women, University of London, London, England, from July 16th to August 4th.

This summer school is a refresher course for nurses who have previously taken a year's international course at Bedford College. Miss Browne was a scholarship student in the first year of such yearly courses, in 1920-21.

During the first week of the course five lectures will be given on the General Principles of Education by Professor Melhuish, University of London, and five lectures on the Psychology of Moral Life by Professor Edgell, University of London. For the remainder of the period the lectures will deal with the principles and methods of teaching as applied to schools of nursing and public health nursing. Miss Hodgman, of the Yale School of Nursing, will deal with this subject in relation to schools of nursing, and Miss Browne will deal with it in its application to the field of public health nursing. In addition to lectures and demonstrations there will be Round Table discussions following each of the lectures. The College of Nursing, England, has very generously offered to supply the demonstrations requested by the lecturers.

The course promises to be one of extraordinary interest and will be attended by nurses from many different countries.

Miss Browne leaves for England on June 30th.

#### **MISS MARGARET HUXLEY**

The British Journal of Nursing for April, 1928, announces that the Senate of Dublin University is conferring the Hon. Degree of Master of Arts on Miss Margaret Huxley, F.B.C.N.

Miss Huxley graduated in the early 'eighties as one of the most distinguished pupils of St. Bartholomew's Hospital, London. For many years she was lady superintendent of Sir Patrick Dun's Hospital, Dublin.

Miss Huxley is the pioneer of higher education for nurses and State Registration in Ireland. She has always been active in organization work, having been president of the Irish Matrons Association and the Irish Nurses Association. Miss Huxley is a Foundation Member of the International Council of Nurses and has attended most of the meetings and congresses of the council.

The nurses of Canada are looking forward to welcoming many nurses to the Dominion when the Council meets in Montreal in July, 1929. It is sincerely hoped that Miss Huxley and other Foundation Members of the Council will be able to come to Canada for the Congress.



University of Toronto, Toronto, Ontario

The University of Toronto has undertaken to offer a one-year course designed to prepare graduate nurses for teaching and administration in hospitals. The University has decided to offer this course as an experiment, and if it is found that a good many nurses wish to avail themselves of this opportunity, the course will be continued indefinitely. This course will open on September 25th, 1928, and is under the direction of the Department of the University Extension, working in co-operation with the Department of Public Health Nursing of the University.

#### A HAPPY EVENT

A precedent was established in the Public Health Nursing Department of the University of Toronto when, on Saturday evening, April 14th, a dinner was given in the Clarendon Tea Rooms under the joint auspices of the Department Alumnae and the Class of 1928. The company numbered about one hundred, forty of whom belong to this year's class. The dainty programmes done in the University colours included an attractive toast list and a verse descriptive of each member of the graduating class, including nine students from six foreign countries: France, Roumania, Austria, Jugo-Slavia, Czecho-Slovakia and the United States of America.

In the absence of the President of the University, Sir Robert Falconer, Lady Falconer graciously responded to a toast to the University. Miss E. Kathleen Russell, Director of the Department, spoke briefly of recent developments and emphasized the responsibility which she hoped each member of the Alumnae Association would feel toward the present and future activities of the Department. An international note was struck when in response to a toast to the foreign students each one in turn spoke briefly of her

appreciation of Canadian hospitality and of the year of study afforded by the University. Dr. J. G. FitzGerald, Director of the School of Hygiene of the University, of which the Department of Public Health Nursing is now an integral part, in addressing the gathering expressed satisfaction in regard to the international aspect of the dinner. He reminded the nursing group that not all of the important contributions to public health work emanate from the laboratory, and stressed the part of each nurse of the contribution which she may make to the acquisition of knowledge in the public health nursing field. In the accomplishment of her task a sense of humour and a constructive imagination are important requisites, these, he felt, had been amply demonstrated during the evening's proceedings.

To Miss Clara Vale, the president of the Alumnae Association, and to Miss Gertrude O'Hara, the president of the class of 1928, is due the gratitude of those privileged to attend the happy event which marked another milestone in the history of the Department of Public Health Nursing of the University of Toronto.



## Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,  
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

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### *The School Nurse as a Social Agency in the Community*

By CHARLOTTE WHITTON, Executive Secretary, Canadian Council on Child Welfare.

The school nurse is not, in theory, a "generalized" nurse, but as a matter of fact, in many of the smaller communities, she is the first, and sometimes for long years, the only representative of public or child health effort. The school nurse may choose, under all circumstances, to be, merely and solely, the "school nurse," just as a teacher may choose to be merely "the teacher," her responsibilities and professional interest in her job or community circumscribed by the limits of classroom and curriculum.

Or, the school nurse may assume, especially in the smaller communities, the broader rôle of an active participant in the health crusade. She may utilize the strategic position she occupies with the children to broadcast her health teaching to the community, even to establish direct contacts with undesirable health conditions in the home, or in the community itself by virtue of the interrelationship of such conditions to the problems of the health of the children in the class-room. If her lot be cast in the large, specialized community, equally broad opportunities await her in co-operation with the community health forces. The school nurse then becomes, in fact, a public health agency.

But, even to wider vision may the school nurse extend the limits of her

interest. As she examines and records the weights and heights, the gains and losses, the defects and perfections of the passing throngs of school children, the concomitant, social factors that enter into the *raison d'être* of these items, which she records, cannot but intrude themselves upon her vision. The facts that condition Susie's weakened constitution, and Maudie's lackadaisical stare, or ten year old Tommy's listless ennui are frequently more complicated than just lack of sleep or insufficient or incorrect food, or enough lukewarm, black tea for breakfast to float the British navy! Behind the zig-zag pattern of the ignorant, careless or indifferent home, there generally exists the unstable framework of an unsatisfactory social condition. The school nurse who completes her job gets at the very outline and woof of the haphazard pattern of her children's lives. In the large, specialized community, she does it by an intimate knowledge and co-operative understanding of the other social agencies, whose threads lead them to her children's homes. In the small community she does it by knowing the children in their out-of-school hours, in their homes, as well as on the scales or under the "tape measure." And she does it, also, by knowing well the background of her community, and its social resources. The school nurse then becomes one of the

social, as well as one of the health agencies of the community. And it is this school nurse, who is interested in her job as a social job, in whom the child welfare programme is particularly interested.

The school nurse, who is also a social agency, assumes many aspects. She is almost the rival of the "quick change" vaudeville artist. She becomes in certain aspects, very definitely, a teacher. In others, a sanitary engineer and architect. She appears at times as a school attendance officer. Again almost as a psychologist; and often, frequently perhaps, as a family case worker, or what may be more adequately described, as a case worker in the child welfare field. When opportunity arises for close co-operation with the teacher, her follow-up work with the home may entitle her to be described rather as a visiting teacher, than a nurse.

First and foremost, perhaps, the school nurse ranks as an educational force in the whole public health programme.

Child health is one of the few phases of child welfare, in which we have passed to a large degree out of the field of legislation into the field of administration and education. Here and there some minor changes may be necessary in regulations or statutes, but on the whole the legislative framework of sound child health provision is fairly complete in most of the provinces of Canada. The problems pressing for solution are those of administration and public education, the former being really included in the latter. Education of the public on fundamental health facts, and enlightenment of the public on health conditions, as they exist, form the pillars on which the arch of adequate provision for nursing and medical services will rest. Could a faithful replica of the actual lack of any nursing or medical facilities, with which thousands of Canadian citizens, especially women and

children, are faced, be presented in an easily comprehended form to the general public of this country, more adequate services to meet the need would inevitably be forthcoming. Could this picture of the great groups of population without this service be related to the indisputable benefits of these services, the educational power of the facts thus marshalled would be even greater. For instance, such comparative facts as that in a given year the stillbirth rate in the registration area was 35 per 1,000 living births, but only 31 per 1,000 in the 12,000 cases receiving the prenatal care of the Victorian Order of Nurses, and 23.5 per 1,000 in the cases of mothers under the care of the prenatal clinic of the Toronto General Hospital, require no explanatory paragraphs to bring their message home. The contrasted listing of the areas in Canada, where not only any prenatal services but even medical or nursing services are not accessible for mother and child forms in itself an unanswerable plea for extended administration of health services.

"A fruitful fact," says Julia Lathrop, "requires neither compulsory legislation, nor military sanction—it requires only a chance to be used." The "fruitful facts" in human life saved and human potentialities realized, of such measures as adequate prenatal and maternal care, pasteurization of the milk supply, immunization against infections and contagious diseases, and a score other social provisions truly require no demonstration: they require only this "chance to be used." They require that the specialized knowledge of their efficacy, held only by the few, shall enter the minds of the many and become the generalized knowledge, the public opinion of the community.

And this is one of the first duties of the school nurse, as a social agency in the community: the dissemination of the fruitful facts of



her health knowledge, that scattered through the community they may come to fruition in a sound, strong public opinion on health matters.

Sometimes communities that would not brook the thought of the generalized nursing programme will embark on the school nursing programme as part of a greater school district. Health and public health, in fact the whole horizon of hygiene and preventive medicine will open, or for long years remain obscured, for these communities as the school nurse has eyes to see the possibilities of her office, and the mind, tactfully, to bring them to the comprehension and realization of the group she serves. Not only may she be the only public health unit in the community, but she has direct contact with the most observant, the most talkative, the most dynamic, the most diffusive force in that community—its irrepressible child life. Properly taught, the child becomes one of the most potent of all forces in human relations, the unconscious enthusiast for his cause. So, in this rôle, the school health nurse is the teacher from whom, and through whom, childhood will spread the crusade of positive health through all the countryside, carrying ultimately an improvement of personal hygiene, of sanitation, of nutrition, of all the habits of life into the home from which he has come.

Then the school nurse dons the garb of the sanitary engineer and architect. To her the hygiene of the school building must be as definite a problem and study as that of the children she serves. The building itself, its proper heating, lighting and ventilation, the provision and conditions of play space, the water supply, the sanitary arrangements, the seating provision from the point of view of posture, and all similar, material features of the "background" of her job cannot be omitted by the school nurse, who would be a social force in the community.

The school nurse who acts as a social force must also see the relation of her complete job to the duties of the school attendance officer. In the larger urban centres this will be assumed, as a co-operative arrangement with the school attendance officers. In many a small community, the nurse, in co-operation with the teacher, must assume something of the hybrid nature of a visiting teacher-nurse, locating the root cause of frequent or lengthy absences from school, where any health condition apparently enters into the case. Such an attitude to her children will lead many a school nurse into a field, in which such an inestimable contribution has been made by scores of school nurses to the improvement of child life, and incidentally to the economic life of the country, that is, the detection and provision for treatment of the crippled or physically defective child. This may involve not only the mere detection of defect and reference for medical examination. It may mean, for the school nurse, long and patient effort to provide treatment facilities, and to raise the funds to cover this expense. The school nurse, who is a social force, completes her job.

The school nurse, who is a social agency, may likewise have sudden responsibilities thrust upon her to collaborate with the teacher, in psychological or psychiatric services, or in the best approach to them which they can provide. The school nurse, like any other social worker, must make her job a complete one, and when faced with what may appear a problem of mental retardation, she must be familiar in the highly developed community, with the services which will enable her to get a complete diagnosis of the case. In the small community, with the teacher, she may have to attempt to make sufficient diagnosis of the factors of the problem case, to be able to advise as to the proper lines

of treatment and provision for the need.

If she knows her pupils, and knows the pupils' teachers, especially in the smaller communities, she may often render a great service to the individual child, by consulting with teacher or parents, when she feels from her professional knowledge of the child's record, that greater study of the child's proclivities are required. Knowing the child's physical capabilities, and, in common with the teacher, aware likewise of his or her mental capacity, the school nurse may often be able to serve the child by aiding in the direction of his or her development along other vocational lines than those which habit or tradition may be dictating, with but slight regard for the child's aptitudes.

The socially-minded nurse will frequently find that cases of apparent retardation will resolve into social rather than health or mental problems, that may lead her to the boundaries of the family case work field. Apparent listlessness or stupidity may be the result of fatigue or ill-treatment, directly attributable to unsatisfactory, often deplorable home conditions, or excessive work out of school hours. The school nurse, to complete the ring of service to the child, should be able to bring to his or her service, the services which would remedy this undesirable situation. If these do not exist within the community, the nurse, to do a complete job, should be in a position to obtain some general but accurate knowledge of the laws of her province and the resources of the county or provincial district, at the service of children in need of special care. Obviously, in the smaller communities this involves a

bowing acquaintance, at least with the background of child labour and children's protection legislation.

A school nurse may go into a community, and conscientiously, and thoroughly, make her periodic examination of schools or class-rooms and pupils. Her examinations may be excellent, her records models, her professional technique beyond criticism. She may see so many schools, so many pupils and classify each, scientifically and acceptably, and refer their ailments regularly for treatment. She may be a good school nurse.

All this she may do and something more. It is this "something more," this travelling of the extra mile, this visioning of the child, not as a pupil from a given class coming up for inspection, but as a little human being, in his family group, and that family group, in the community, and all the other little children in all their families, and all those families in the community, and that community as her community in which she will live and work and serve. It is all this that makes a good school nurse something more: a social force in the community. She is of the women whom the community in which she serves, the community that will follow her service, will rise up and call blessed.

She is of that select company, from whose presence in the community, all life is made better, and stronger, and fuller. She is a woman worthy the great traditions of her calling, fit company for the great nurses of the past: St. Margaret and Florence Nightingale, and all that goodly group to whom Canada pays immortal tribute in the great memorial in her Hall of Fame.

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## *Preparation for Victorian Order Work*

By ELIZABETH L. SMELLIE, Chief Superintendent, Victorian Order of Nurses for Canada.

The number of well-qualified nurses with university post-graduate training in public health nursing does not begin to meet the demand, with the result that provincial and municipal departments, official and voluntary agencies, all are waiting eagerly to secure these graduates—comparatively few in number in proportion to the needs of our country—immediately they are available in the early summer.

Until 1921, when the university public health nursing courses were established, the Victorian Order maintained its own training centres in various of the larger cities in Canada. During that summer these periods of practical experience in district work were discontinued, and with few exceptions the nurses' homes too have since been given up. Insofar as the abrupt discontinuance of training centres was concerned, action would now appear to have been precipitate and even although a number of scholarships have been given annually to the Central Board, as each year has gone by the problem of securing sufficient experienced nurses has become increasingly difficult.

Within the next three or four months the Victorian Order requires twelve to fifteen well-qualified public health nurses to take charge either of already established centres or to develop the newer districts it is proposed to open, while twenty-five nurses could be placed without difficulty by this organization alone within six months. As it is impossible to secure a sufficient number of nurses with university public health training, some other plan has to be worked out to meet immediate nursing needs in the field, because it is not fair to the district itself, to the nurse nor to her administration (if she is obliged to assume new responsibilities, and needs to be taught to take advantage of the exceptional opportunity for teaching presented in attending patients in the homes she is called upon to enter), to place her without some definite preparation, in addition to her hospital training, to fit her for visiting nursing work. Each nurse applying for duty with the Victorian Order should first have opportunity of being taken on a larger staff, and of being given the benefit of two or three months' well-supervised experience, including attendance at demonstrations, contact with associated health and social agencies, and a certain amount of class work. True it is that a few nurses, even under difficult circumstances, and without such an opportunity, have done exceptionally well when placed on a district in an emergency. Great credit is due them. These, however, are the

exception rather than the rule and they are the type who would probably make good under any conditions because of possessing exceptional ability.

Therefore, to meet an urgent need within our own organization, it is proposed in two centres at least—probably in Halifax and Montreal—to institute this autumn a period of three months' training in Visiting Nursing for graduate, well-qualified, registered nurses, who possess as well the personal qualifications which would appear to be necessary to engage successfully in community work. This period of practical experience should in no way be confused with the type of public health nursing courses now offered by the universities. Nurses assigned to the Victorian Order centres previously mentioned, will carry on their work under a well-prepared teaching staff. There will be adequate supervision. The teaching will be simple, devoted chiefly to:

- (1) The organization and policies of the Victorian Order;
- (2) The technique of visiting nursing;
- (3) Information upon the subject matter of: (a) health, (b) disease prevention.

N.B.—Further explanation of (3)—

Specific preventive measures now available; social resources of community; public health organization and administration; Canadian procedure; infant and maternal hygiene, and nutrition.

It is hoped that the first group of nurses may be taken on in the early autumn, and that there will be a number of desirable applicants. A small salary will be paid during the period of instruction after the first two weeks. During this period any nurse wishing to withdraw may do so or if she is not suited to the work she will be so advised. Meanwhile, any nurse interested is urged to communicate with the Central Office with regard to this plan, in order that she may obtain further information. It is felt that as a result of the practical experience thus gained, that after a period of service with the Victorian Order in the various centres, many of this group will later feel disposed better to equip themselves for generalized public health nursing, and for promotion when available, by taking advantage of the opportunities presented yearly for taking the public health training offered by the universities.

Nurses interested are advised to communicate directly with the Chief Superintendent, Victorian Order of Nurses for Canada, Ottawa. Applications should be in previous to August 1, 1928.

## News Notes

### ALBERTA

**Calgary:** The monthly meeting of the Calgary Association of Graduate Nurses was held in the Y.W.C.A. parlours on April 17th. Dr. R. R. McIntyre gave a most interesting and instructive lecture on "The Early Care of the Teeth," which was largely attended.

The graduation exercises of the Calgary General Hospital were held in Al Azhar Temple on May 1st, when twenty-eight nurses received pins and diplomas, presented by Dr. W. H. McGuffin, in the absence of Lieut.-Governor Egbert. Dr. Stanley addressed the class and Miss McPhedran gave them the Florence Nightingale pledge. In his capacity of chairman, Mayor Osborne presented medals and the scholarship, assisted by Dr. Gow, superintendent of Calgary General Hospital, and Miss S. MacDonald, lady superintendent. Miss Effie Garriott was gold medallist, Miss Anita Auger, silver medallist, and Miss Margaret Dick received the scholarship.

Her large circle of friends in Calgary deeply regret the early death of Miss Hazel McKittrick, in Toronto, in April. Miss McKittrick was in charge of the clinic in Calgary for several years and until a year ago, when she left to reside in the east.

Miss Elizabeth Moorehouse, of Alberta, has been appointed nurse in charge of the Bureau of Tuberculosis recently established in Calgary by the Calgary Tuberculosis Society. Miss Moorehouse is a graduate of Harper Hospital, Detroit, Mich.

**Edmonton:** The refresher course for nurses recently put on by the University of Alberta was very much appreciated by over thirty nurses from different parts of the province.

Miss B. Emerson is holding Baby Clinics and Home Nursing Classes in Southern Alberta during May and June.

Among the numerous affairs for Miss E. Bean, who has resigned from the staff of the City Health Department to be married, was a tea given jointly by Miss M. Brown, Mrs. Whitelaw and Mrs. McManus, at the home of the latter.

**Royal Alexandra Hospital:** The graduation exercises of the 1928 class took place in the Nurses' Home on April 11th. The winners of the prizes were as follows: Gold medal and \$25.00 awarded by the Hospital Board for the highest average in Theory, to Miss Faith Moseley; Silver Medal and \$15.00 awarded by the Hospital Board for the second highest average in Theory, to Miss Grace Wiancko; \$25.00

awarded by the Ladies' Aid for General Proficiency, to Mrs. Eleanor Chilton; five prizes of \$20.00 each awarded by the Medical Staff for the highest average in Theory and Practical work, to the following: Miss Mary Hennig, for Nursing in Medical Diseases; Mrs. Eleanor Chilton, for Nursing in Surgical Diseases and also the prize for Nursing in Children's Diseases; Miss Dorothy Watt, for Nursing in Obstetrics and Gynaecology; Miss Faith Moseley, for Nursing in Eye, Ear, Nose and Throat Diseases. The following are the members of the graduating class: Misses Anna Ingeborg Berquist, Eleanor K. Chilton, Irene R. G. Ducker, Phyllis Fouracre, Marie Garde, Hazel Marguerite Hanson, Phoebe Pearl Hobson, Hazel Constance Johnston, S. Gladys Ledingham, Carrie E. McKeever, Isabella Swaddle, Ellen Dorothy Watt, Grace A. Wiancko, Myrtle A. Anderson, Jean M. Davidson, Bertha Eunice Doan, Pauline Foer, Elsie Stark Gillies, Selma Hennes, Mary Hennig, Ruth Isobel Laurie, Jean M. Lewis, Ruby Elizabeth Miller, Elizabeth Faith Moseley and Ruth M. Watts.

### BRITISH COLUMBIA VANCOUVER

The general monthly meeting for May of the Vancouver Graduate Nurses Association was held in the Vancouver General Hospital, Miss Ewart, the president, in the chair.

Among the items of business discussed was the nomination of a delegate to the Canadian Nurses Association convention, the result being the nomination of Miss Ewart, president.

Further discussion of the Canadian Nurses Association was held over for a special meeting of the executive.

Plans for the annual picnic of the Association were discussed, many lovely spots being suggested. Saturday, June 16th, was the date decided on, if fine; if not, the following Saturday.

An invitation was extended to the members from the Committee of the Women's Building to a Carnation Tea given in aid of the building fund, at which Bishop DePencier will speak.

The members were delighted to hear that the fund for the Alison Cumming Memorial was increasing rapidly, owing to the activities of the various teams.

A most interesting talk was given by Miss Harris of the Laboratory staff on Clinical Laboratory Tests, giving the most up-to-date technique in connection with phenol sulphonephthalein, non-protein-



nitrogen, blood sugar, and metabolism tests, which was much enjoyed by all.

The meeting then adjourned to the rotunda of the New Home, where refreshments were served.

**Vancouver General Hospital:** The May meeting of the Alumnae was held in the Nurses' Home, Miss Timmins presiding.

The annual picnic given by the hospital for the graduating class will be held at Bowen Island as usual, the Alumnae arranging the sports for the afternoon. The conveners chosen were Mrs. John Granger and Miss McLean.

The speaker of the evening, Col. George Fallis, of Memorial United Church, gave a splendid address on "The Spirit of Brotherhood between Nations, as shown at the Conference at Geneva of the League of Nations."

Members of Class 1920-1921 were the hostesses of the evening, and there was a large attendance to enjoy the exceptionally pleasant occasion.

**Nelson:** The annual meeting of the Graduate Nurses' Association of Nelson was held at the Kootenay Lake General Hospital on April 9th. The following officers were elected: President, Mrs. D. C. Fraser; vice-president (re-elected), Mrs. A. Dolphin; 2nd vice-president (re-elected), Mrs. George Lester; secretary-treasurer, Miss M. Leonard (re-elected).

The annual report showed a successful year. Funds were raised by dances and bridges. As a result of enthusiastic workers, the Association was able to furnish two bedrooms in the nurses' new home at a cost of \$305.00; also Christmas Cheer Fund, \$10.00; Isolation Hospital Cot, \$42.05; Sick Nurses' Fund, \$30.00, and flowers.

## MANITOBA

**Brandon:** On May Day, 1928, the Brandon Graduate Nurses Association had two important events to celebrate—its tenth birthday, and that of welcoming to its ranks a group of nurses who this month will graduate from the Brandon General Hospital. The birthday party took the form of a dinner at the Prince Edward Hotel, at which the graduates were guests of the Association. The guests were received by Mrs. A. V. Miller (president of the Association), Miss R. Fletcher (president of the student body), and Miss B. Brigham (president of the class). The tables looked beautiful with miniature maypoles from which trailed gay streamers to baskets of pink tulips and pink candles held in quaint rose candle holders. In the centre of the table was a beautifully decorated three-storey birthday cake. Between courses community songs were sung, and Miss M. Finlayson gave several delightful read-

ings. Various toasts were proposed and Miss C. Kettles gave an interesting account of the founding of the Association, which really took place before 1918, but owing to the absence overseas of so many nurses the organization did not function, and was reorganized in 1918. Miss M. Gemmell gave a very comprehensive account of the work done by the Association during the past ten years and Mrs. A. V. Miller spoke of its present activities and hopes of the future. Miss A. E. Wells (president of the M.A.G.N.), one of the guests of the evening, congratulated the Association on its progress and present flourishing condition.

Mrs. R. Darrach proposed the toast to the graduating class and in a delightful speech assured the Class 1928 that they had the best wishes of the Association. Miss Fletcher ably replied and thanked the Association for their good wishes. Miss C. Macleod also addressed the nurses, pointing out that the advantages enjoyed by present day graduates were largely due to the services and foresight of those courageous women—the pioneer nurses. Miss Jean Houston (superintendent of nurses, Ninette Sanatorium), the special speaker of the evening, chose Health as her topic. Miss Houston told the nurses they must recognize the larger sphere of the nurse, which included the teaching of health as well as the nursing of the sick, and at all times to preserve their own health in order to be of the utmost service to others.

The annual reports of the various officers showed the Association to be in a thriving condition after a busy year.

With the singing of the National Anthem a very pleasant evening was brought to a close. Out of town guests included Miss E. M. Birtles (Alexander), Miss C. Kettle (Virden), and Miss A. E. Wells (Winnipeg).

On April 23rd, the Executive, B.G.N.A. and a few intimate friends gathered at the home of Mrs. S. J. S. Pierce to bid farewell to Mrs. N. Renwick, who will reside in Winnipeg in future. On behalf of the Association Mrs. Miller presented Mrs. Renwick with a hat box and expressed the regret of the Association at the loss of so valuable a member.

Miss Lilian Harrison (Brandon Hospital for Mental Diseases and St. Boniface General Hospital, 1928) has accepted a position on the staff of the Brandon Hospital for Mental Diseases, in charge of the female infirmary.

**Winnipeg General Hospital:** Mrs. E. W. Montgomery (Bell, 1906) has returned from a holiday spent in Southern California.

Miss M. F. Gray (1907), of Vancouver, B.C., spent two weeks in the city during

April, called here by the illness and death of her nephew.

Mrs. W. J. Harrington (1907), of Dauphin, Man., and son, Scott, were guests in the city during the Easter holidays.

We much regret the serious illness of Miss C. McLachlan (1908), who has been a patient in the hospital for the past two months.

Mrs. James Bell (F. Walker, 1908), of Goodlands, Indiana, and little daughter are guests of friends in the city.

Miss C. Munro, 1910, of the staff of the Bureau of Child Hygiene, left in May for a trip to Scotland.

Mrs. J. N. Anderson (E. Findlay, 1913) and two children have left for Kelowna, B.C., to spend the summer.

Sympathy is extended to Mrs. A. McKean (Whittick, 1910) in the death of her mother.

Miss Ruby Dunlop, 1927, has completed a six months' post graduate course at the Manhattan Eye, Ear, Nose and Throat Hospital, New York City, and is now in charge of one of the operating rooms.

**St. Boniface Hospital:** On May 5th the Alumnae held a very successful bridge at "Roseland."

Misses O. Metson and E. Stanton have joined the staff at Ninette Sanatorium.

Miss Didion, who has been on the staff at Ninette Sanatorium, is now doing private duty nursing in Winnipeg.

Miss Kitty Trudel is on the staff at Glen Lake Sanatorium.

Miss W. Tracey has been visiting her sister here and has now returned to private duty in Chicago.

Misses Lottie Lynne and Pearl Paul have been accepted on the staff of the Mayo Clinic, Rochester.

## NEW BRUNSWICK

**St. Stephen:** The April meeting of the St. Stephen branch of the N.B.A.R.N. was well attended. Dr. S. R. Webber gave an instructive talk on Blood Pressure. Refreshments and a social hour were enjoyed.

The bridge given recently by the local branch of the N.B.A.R.N. was a decided success, both socially and financially.

Miss Bessie Budd, superintendent of nurses at the Yonkers Homeopathic and Maternity Hospital, has been granted four months' leave of absence and has arrived by motor to spend the summer at her cottage.

Miss A. Branscombe has returned to Cody's, where she will in future reside, after having spent the last two years in the west. Miss Branscombe was formerly superintendent of nurses at the Chipman Memorial Hospital and has a host of friends who will gladly welcome her.

Miss Ruth Hagerman is at her home in Woodstock.

Friends heard with sorrow the announcement of the death of Miss Ruby Campbell (Fisher Memorial Hospital) which occurred at Woodstock.

**Chipman Memorial Hospital:** Miss Edna Harvey, 1925, is taking a course in public health work in Halifax, prior to taking up that work at Canso, N.S.

Miss Clara M. Boyd, superintendent of the C.M.H., and Miss Mabel McMullen attended a meeting of the executive council at St. John.

News of the death of Miss Hazel Reicker, 1926, at Boston, Mass., on April 12th, was heard with genuine sorrow. Miss Reicker was one of the most deservedly popular graduates of the C.M.H. and was on the staff of The Phillips House. Burial took place at Hatfield's Point, and the profusion of beautiful flowers bore silent testimony to the love and esteem in which she was held.

## NOVA SCOTIA

**Halifax:** The annual meeting of the Halifax Branch of the Registered Nurses Association was held May 15th, 1928, at the Dalhousie Public Health Clinic.

A Refresher Course for Nurses is to be held at the Dalhousie Public Health Clinic June 25th to 29th, inclusive. A very interesting programme has been arranged, and every effort made to make this course one of wide interest to the profession in its many fields of activity.

Every effort is being made to have the New Isolation Hospital (now under construction) open in June. The new hospital is ideally situated on Morris Street, next to the City Tuberculosis Hospital, and within five minutes walk of the Dalhousie Medical and Dental College, Children's Hospital, Provincial Laboratory, Victoria General Hospital, Grace Maternity, and the Dalhousie Public Health Clinic.

The Overseas Club of Halifax held a very delightful bridge at the home of Miss S. A. Archard on April 27th. Prizes were won by Miss Flora L. Fraser and Miss Margaret MacDonald. About sixteen members were present.

Miss Joan McLaren has resigned her position as night supervisor at the Children's Hospital, Halifax, and is visiting her parents in Dartmouth.

Miss Mary F. Campbell, superintendent V.O.N., Halifax, gave a very interesting talk on her recent visit to the U.S.A. before the Halifax Branch of the R.N.A. of N.S. on April 10.

Miss Jane M. Hubley has returned from a six weeks' visit to Montreal: while there Miss Hubley spent the greater part



of her time visiting the Child Welfare and Out Patient Departments' Clinics.

Miss Margaret Taylor (Victoria General Hospital), formerly on the staff of the Ann Arbor Hospital, Michigan, has resigned to accept a position as head nurse of the Medical Ward at the V.G.H.

The Misses Rose King and Nellie MacDonald have accepted positions on the staff of the Ann Arbor Hospital, Michigan.

Miss Marion I. Clark, B.A., Dalhousie, recently graduated from the R.V.H., Montreal. Miss Clark is a daughter of Dr. and Mrs. J. A. Clark of Halifax.

Miss Gertrude I. Anderson has resigned her position as Public Health Nurse for Yarmouth County, and is planning to spend the summer at her home in Annapolis Royal.

A very enjoyable dance was held on Thursday, April 26th, 1928, by the Alumnae of the Halifax Infirmary, at the Knights of Columbus Hall. The Hall was beautifully decorated with the alumnae colours of white and yellow, flowers being lavishly and most effectively used. About one hundred guests were present.

Miss Josephine Johnston (Victoria General Hospital) has resigned her position in the main operating room, Victoria General Hospital.

The Halifax friends of Miss Mary M. Saxton will be glad to learn that at the recent graduation exercises of St. Mary's Hospital, Brooklyn, N.Y., she graduated with honours, receiving the Mrs. Robert H. Mullin Gold Medal of Merit, also the Dr. Francis H. Hart prize for the highest marks in pediatrics.

Mrs. Ann Merlin, Glace Bay, C.B., announces the engagement of her daughter, Florence M., to Bruce Nunn, of Sydney; wedding to take place in June.

Miss Florence M. Merlin has resigned her position as superintendent of the General Hospital, New Waterford, C.B.

N/S Louise MacDonald has been transferred from Camp Hill Hospital to the Station Hospital.

The engagement is announced of Miss Alfreda C. Archard (Victoria General Hospital), of Halifax, and Edwin MacQuade, M.D., C.M., Dalhousie, 1927. The wedding is to take place in June and they will reside in Richmond, Virginia.

### ONTARIO

Paid-up subscriptions to The Canadian Nurse for Ontario in May, 1928, were 1,162, 172 less than previous month.

Miss Margaret Marshall, formerly of Women's College Hospital, Toronto, superintendent of the General Hospital, Strathroy, and Miss Anne McKay (Hamilton General Hospital, 1924) as assistant superintendent.

**Toronto General Hospital:** The following graduates of the hospital have been

appointed to the staff: Miss Bianca Beyer (1927) to "C" operating room; Miss Dorothy Dove (1927) to "B" operating room; Miss Mary Derry (1927) to "C" operating room; Misses Helen Willoughby and Sadie Williams (1926) to Burnside, T.G.H.

Miss Frances Case, 1928, has been appointed supervisor of the Contagious Diseases unit, General and Marine Hospital, St. Catharines.

**Correction:** Miss Gertrude Fleming (H.S.C., Toronto, 1926) has notified this office that she is on the staff of the Shriners' Hospital for Crippled Children, Springfield, Mass., but not the superintendent of the hospital, as stated in the April issue of The Canadian Nurse. All news items published are submitted by the representatives of the various alumnae and other associations of nurses, who believe them to be accurate. The Editor wishes to apologize on behalf of The Canadian Nurse and the sender of the item in question for the mistake, realizing that however inadvertently made such misstatements are extremely annoying to all parties concerned.

### DISTRICT 1

#### Strathroy

**Strathroy General Hospital:** The Alumnae and Graduate Nurses Association held their monthly meeting at the Cameron-Bixel Nurses' Residence on May 3rd, when Miss Gladys Whiting, delegate to the annual meeting of the R.N.A.O. at Chatham, gave a very comprehensive report of the convention. Later in the afternoon tea was served by the hospital staff.

### DISTRICT 2

#### Brantford

The nurses of the Brantford General Hospital Alumnae were the guests of the Florence Nightingale Club of Brantford at an evening bridge party which gave an opportunity to renew old friendships and to meet nurses who have come recently to the city.

### DISTRICT 5

#### TORONTO

**Wellesley Hospital:** A tablet in memory of Miss Elizabeth Flaws has been erected in Wellesley Hospital. The tablet, donated by the Wellesley Hospital Alumnae Association, is inscribed: "In loving memory of Miss Elizabeth Flaws, first superintendent of the Wellesley Hospital, from August 27th, 1912, until her death, September 28th, 1926."

**Toronto General Hospital:** Some time ago, on the event of her 80th birthday, Miss Mary A. Snively, for many years superintendent of the Toronto General Hospital, was presented by the graduates of the school during her long régime with a very fine radio set, a comfortable easy chair and a purse of gold, all of which

had been overwhelmingly subscribed to by her loving nurses. It is a great joy to them that she is so well in health, so interested in life, and that she bids fair to enjoy these gifts for many years to come. In addition the Alumnae, of which Miss Snively is the Hon. President, presented her with a beautiful cane and a hand-bag.

The additions to Wards "A," "B" and "H" have been opened and those to the other wards are rapidly nearing completion.

**Grace Hospital:** The Alumnae held their annual meeting on April 10th and the following officers were elected: President, Mrs. Gray; first vice-president, Miss A. Bell; second vice-president, Miss V. Hill; corresponding secretary, Miss Hendricks; recording secretary, Miss Dewar; treasurer, Miss R. Garrow.

On April 27th the Alumnae entertained the graduating class of 1928 at a dinner and dance at the Lambton Golf Club. A large number of members of the Association and of the hospital staff, and doctors and their wives, were present. Bridge was provided for those who did not wish to dance and the evening proved a most delightful one.

Miss Goodman attended the annual meeting of the R.N.A.O. at Chatham as a delegate from this Alumnae.

#### DISTRICT 8 OTTAWA

Sixteen nurses were present from District No. 8 at the annual meeting. R.N.A.O., held in Chatham in April. The various hospitals and alumnae associations were represented, together with the private duty section, graduate staff of the Ottawa Civic Hospital, student body of the Ottawa Civic Hospital, and the Victorian Order of Nurses for Canada.

Recently Miss Hallowes, of the College of Nursing, London, England, who is visiting the United States and Canada on a Rockefeller Foundation Fellowship, spent several days in Ottawa. While there Miss Hallowes was shown through the Ottawa Civic Hospital and had lunch with Miss Gertrude Bennett, superintendent of nurses. The following day Miss Ahern, director of Nursing for the Metropolitan Life Insurance Company, entertained the visitor at lunch at the Canadian Head Office. Later a tour of the Ottawa General Hospital was arranged, after which the Sisters served tea.

Miss Elizabeth L. Smellie, chief superintendent of the Victorian Order of Nurses for Canada, entertained at dinner at the Chelsea Club in honour of Miss Hallowes.

**Ottawa Civic Hospital:** The commencement exercises of the School of Nursing of the Ottawa Civic Hospital were held on the afternoon of May 2nd. Fifty-one nurses received their diplomas, this being

the largest number to graduate since the opening of the hospital in 1924.

Mr. D. M. Finnie, chairman of the Board of Trustees, who presided, referred to the increasing importance of the hospital in the city of Ottawa, and said that credit for this was due largely to the splendid work of the superintendent of nurses, Miss Gertrude Bennett, and her assistants. Flowers were presented to Miss Bennett by the graduating class. The diplomas were presented by the chairman of the board, and the pins by Miss Bennett. The congratulations of the medical board were tendered by Dr. T. H. Leggett. Dr. John A. Amyot, Deputy Minister of the Federal Department of Health, stated that the nurse of today must understand and apply the principles of preventive medicine and expressed his belief that the best basic training for her work is that of a hospital school such as the Ottawa Civic Hospital.

The guests were entertained for tea at the Nurses' Home. The intermediate class entertained the graduating class at dinner at the Chateau Laurier and a graduation dance was held in the Nurses' Home.

Several days previous to this eventful day the members of the graduating class were the guests of Dr. and Mrs. T. H. Leggett at a performance of the Cleveland Symphony Orchestra.

#### QUEBEC MONTREAL

**Children's Memorial Hospital:** Graduation exercises of the Training School for Nurses were held in the school building on April 20th. Dr. H. B. Cushing presided and Dr. L. M. Lindsay addressed the graduates. Eleven nurses were presented with their pins and diplomas by Miss A. S. Kinder, superintendent of nurses, assisted by Mrs. Tait, the first graduate of the school. A nurse's kit of instruments was presented by Dr. F. P. Yorston to Miss Madeline Flanders and Miss Veronica Ford, first and second highest standing.

Following the formal exercises a social hour was spent by the nurses and their guests.

The annual graduation dance was held in the school building on the evening of graduation day.

On April 14th the Alumnae held their third annual dinner, given in honour of the graduating class, in the Mount Royal Hotel. About fifty members and guests were present and a most enjoyable evening was spent.

Miss Jean C. Bancroft, 1927, has accepted the position of supervisor of the Infant Ward, relieving Miss Mabel Wight, who is on an extended vacation in Ontario.



Miss Dorothy Osmond, 1921, has been appointed superintendent of the Shriners' Hospital, Springfield, Mass.

The Alumnae have appointed Miss Ethel Hillyard as delegate to attend the Biennial Meeting of the Canadian Nurses Association, to be held in Winnipeg in July.

**Montreal General Hospital:** Miss Kate M. Wilson is spending the summer with her parents in Perth, Scotland.

Miss Olive MacKay has accepted the position of lady superintendent of Mirimichi Hospital, New Castle, N.B.

Miss Ida Cooper, who has charge of the Reception Hospital at Saranac Lake, is holidaying at Montreal and Boston.

Misses Shirley Bowen, 1922; M. G. Martin, 1921, and Margaret Gillies, 1927, have joined the ranks of the V.O.N. in Montreal.

Miss Vera B. McLeod, 1927, has accepted a position as night superintendent of the Shriners' Hospital, Montreal.

Miss C. V. Barrett, superintendent of nurses, Royal Victoria Maternity Hospital, is representing the Montreal Graduate Nurses Association at the National Convention, C.N.A., and Miss Mabel K. Holt, superintendent of the Montreal General Hospital, representing that hospital.

Mrs. Lucille Dow, who has been engaged in private duty work at Mt. Claire, N.J., during the winter, is visiting Miss Elizabeth Ross, superintendent of Olean General Hospital, Olean, N.Y.

Miss Isabel Cox, 1927, who has been doing private duty nursing in Daytona, Fla., has returned to Montreal, where she is carrying on the same work.

At the April meeting of M.G.H.A.A., Dr. A. G. Bazin gave a very interesting address on the nursing situation in Canada, as it confronts the joint study committee of C.N.A. and C.M.A.

An error in M.G.H. items of April number of magazine which mentioned Miss Katherine Mills, 1928, as assistant instructor at Victoria Jubilee Hospital, should have read, at Montreal General Hospital.

The sympathy of the members go out to Miss M. M. Pharaoh in the loss of her father.

Miss H. Carmen, in company with relations, also Mr. and Mrs. Whitall (Nellie Clayton), sailed the first of April to make extended visits in Europe.

Miss F. E. Strumm, assistant superintendent of nurses, Montreal General Hospital, gave an At Home in honour of Miss Holt, to about one hundred guests, at the Nurses' Residence, where a very enjoyable afternoon was spent.

Misses Kathleen Turner, 1927; Dorothy and Louise Shepherd, 1928, and Juana McCosh, 1926, are engaged on floor duty

at M.G.H., the latter returning after six months' visit to her home in Scotland.

Misses Briggs and MacCallum, who for several years have been in charge of a rooming house and tea room at Compton, P.Q., have been most successful in their enterprise and are sometimes visited by nurses for rest from duty.

Miss Hattie P. Tanner, 1925, is supervisor of the medical floor in Ottawa Civic Hospital.

**Western Hospital:** Miss Marian Nash has been elected delegate to the Biennial Meeting of the Canadian Nurses Association, 1928. Miss Nash plans to extend her trip to the Pacific Coast.

Miss Florence Gordon has accepted a position as assistant in the operating room of the Western Division of the Montreal General Hospital.

Misses Grace Munro and Elsie Brain returned early in May from Bermuda, where they had been doing private duty nursing since January, 1928. Miss Brain returned to her home in Newfoundland. Misses Edna Bates and Freda James were engaged in private duty nursing in Bermuda during the winter months.

The Alumnae members regret to hear of the death of Dr. Grant Stewart and Dr. James Perrigo.

**Royal Victoria Hospital:** Miss Winifred MacLean, 1923, has been appointed Superintendent of Soldiers' Memorial Hospital, Campbellton, N.B.

Miss Jane Wheaton, 1924, has joined the Operating Room Staff, R.V.H.

Miss Annie Sutherland, 1928, has been appointed assistant to the night supervisor, Ross Pavilion.

Miss E. Currie, 1928, is in charge of Private Floor (Gynaecology) in the New Pavilion.

Mrs. Paice, of the Social Service Department, has been attending the Conference of Social Workers at Memphis, Tenn.

Miss Alice Gregory, 1924, has been appointed Superintendent of the Trail Tadanac Hospital.

Miss Mary Black, 1918, was a recent visitor in Montreal, and is now doing visiting nursing with the Metropolitan Life Insurance Co., at Hull, P.Q.

Miss Mary Roach, 1927, is assistant on third floor, Ross Pavilion, in place of Miss Margaret Matheson, who recently resigned.

Miss Allison Spriggs, 1925, is leaving shortly to spend the summer months in England and Scotland.

## QUEBEC

**Jeffery Hale's Hospital:** On May 1st a dance was given in honour of the Class of 1928, and on the 2nd the Alumnae gave their annual dinner at the Chateau Frontenac, the graduating class being the

guests of honour. On May 3rd the presentation of diplomas and badges took place, each nurse receiving a bouquet of roses. A reception and concert followed. The names of the 1928 graduates are: Misses M. Louisa Adams, Nellie W. Bradley, Hannah M. Ford, Ellen H. Kezar, Ethel McCollum, Sarah A. McKeage, Cora F. Sillars, Marjorie E. Semple, Gertrude L. Steer, Frances C. Wilson.

Miss Charlotte Kennedy is recovering from quite a severe illness.

The members of the Alumnae extend their deep sympathy to Miss G. Mayhew in the loss of her father.

### SHERBROOKE

**Sherbrooke Hospital:** The regular meeting of the Eastern Townships Graduate Nurses Association was held at the residence of Mrs. George MacKinnon on April 12th. After routine business was transacted refreshments were served and a very interesting meeting brought to a close.

Miss Helen S. Buck has returned from a pleasant holiday spent in Buffalo, N.Y.

Mrs. Adele Dyson, who has been supervisor of the Operating Room for the past three years, has resigned and is doing private duty nursing in Sherbrooke. Miss Verna Beane, formerly night supervisor, has succeeded Mrs. Dyson as supervisor of the Operating Room, and Miss Alice Lyster has been appointed night supervisor.

Miss Leila Messias has accepted a position on the staff of Dr. Nicholl's private hospital, Barton, Vermont.

### SASKATCHEWAN

**Regina General Hospital:** The regular meeting of the Alumnae Association was held on May 8th at the home of Mrs. O. Vibert, twenty members of the Association being present. It proved to be a very interesting meeting and a great deal of business was discussed. Miss H. McCallum (president) read a splendid report of the annual meeting of the Saskatchewan Registered Nurses Association held at Moose Jaw during Easter week. The subject of the establishing of an Alumnae Scholarship was discussed. It was decided that the Alumnae undertake to build up a fund whereby every two or three years at least a scholarship might be offered to one of the members. The officers of the Association for the present year are: President, Miss H. McCallum; vice-president, Miss Goldsmith; treasurer, Miss J. Burrows; secretary, Miss M. J. Lythe.

**V.O.N.:** Miss Edna Harvey (Chipman Memorial Hospital, St. Stephen, N.B.) has been appointed to the position on the staff of the Victorian Order in Canso, left

vacant by the resignation of Miss Margaret MacKinnon.

Miss Anna Stewart, Chatham General Hospital, has been appointed to the staff of the Victorian Order in Windsor, Ontario.

Miss Nellie Goddard, Victoria Hospital, London, has been appointed as second nurse on the Victorian Order staff of East York.

Miss I. Piché has resigned from the Victorian Order at North Bay.

## C.A.M.N.S.—News Notes

### BRITISH COLUMBIA

**Victoria:** The overseas nurses recently entertained Miss Margaret Macdonald, LL.D., R.R.C., formerly matron-in-chief of the Canadian Army Medical Corps Nursing Service, at a dinner and reception at the Empress Hotel. Proceedings opened with a minute's silence as a tribute to the sisters overseas who made the supreme sacrifice. Special reference was made subsequently in this connection to Miss McNaughton Jones, who passed away in France recently, near the scene of some of her wartime service. During dinner Sister Saunders, one of the very last of the undemobilized nursing sisters, now at Work Point Barracks Hospital, after a few words of welcome to Sister Macdonald, presented her with a water-colour painting of one of Victoria's beauty spots.

Rising to reply, Miss Macdonald was greeted with an enthusiasm which testified to the admiration and affection in which she is held by the nurses who served under her overseas, and who appreciate the manner in which she held her office and upheld the honour and dignity of the Canadian nursing corps, both overseas and during the many years of her service in Canada.

### MANITOBA

Miss Lottie Storey, who has been superintendent of Wadena General Hospital since her return from overseas, is now residing in the city and is making a special study of electro-therapeutics.

Mr. and Mrs. B. Connor (N/S Alice M. Howard), of Edmonton, are receiving congratulations on the arrival of a son, Donald Francis, on April 11th.

The friends of Miss Martha Morkin, formerly of Winnipeg, extend deepest sympathy in her recent bereavement by the sudden death of her brother in Vancouver, B.C. Miss Morkin is now in New York doing public health nursing.

Miss Alice Stevenson, formerly of Tuxedo Military Hospital staff, who has been in New York for the past few years, returned to Winnipeg this week and has



accepted a position in the X-Ray department of the Winnipeg General Hospital for the summer months.

Miss Emily Parker, of the Nursing staff of the Winnipeg School Board, leaves early in July to conduct a party overseas under the auspices of the Pitman Tour Company, Montreal. Miss Parker will be pleased to hear from any of the Sisters or

their friends who might wish to join her party. They will sail from Montreal on July 7th.

Miss Irene Barton, Deer Lodge Hospital, has been appointed a delegate from the Deer Lodge Hospital Branch of the Canadian Legion, B.E.S.L. to attend the Dominion Convention of the Canadian Legion in St. John, N.B., early in June.

## BIRTHS, MARRIAGES AND DEATHS

### BIRTHS

**ALLEN**—In April, 1928, at Montreal, to Mr. and Mrs. James Allen (Margaret McCammon, Montreal General Hospital, 1918), a son.

**BATTLE**—On April 6th, 1928, at Thorold, Ontario, to Mr. and Mrs. Leo Battle (Norma Grenville, Mack Training School, St. Catharines, 1916), a son.

**CALDWELL**—In April, 1928, at Iroquois, Ontario, to Mr. and Mrs. Herbert Caldwell (Eleanor Fowles, Western Hospital, Montreal), a daughter.

**CALDWELL**—On February 2nd, 1928, at Toronto, to Dr. and Mrs. William Caldwell (Effie Ingall, Wellesley Hospital, Toronto, 1920), a son.

**CRYSDALE**—On March 2nd, 1928, at Toronto, to Mr. and Mrs. John Crysdale (Marion O'Hara, Wellesley Hospital, Toronto, 1924), a daughter.

**DUNNE**—Recently, to Mr. and Mrs. L. Dunne (Gertrude Murphy, Ottawa General Hospital, 1919), a son (Lawrence Emmet).

**HEPBURN**—On April 4th, 1928, at St. Catharines, to Mr. and Mrs. Lawrence Hepburn (Jessie Buchanan, Mack Training School, St. Catharines, 1926), a daughter.

**JANES**—On April 22nd, 1928, at Toronto, to Dr. and Mrs. R. Janes (Lilly Kelly, Toronto General Hospital, 1921), a daughter.

**LEBBETTER**—On March 30th, 1928, at Yarmouth, N.S., to Dr. and Mrs. Thomas A. Lebbetter (Florence S. Perry, Montreal General Hospital, 1914), a daughter (Eileen Therese).

**LIPSEY**—On April 26th, 1928, at Vancouver, B.C., to Mr. and Mrs. George Lipsey (Mary McDonald, Vancouver General Hospital, 1921), a daughter.

**MacKAY**—On April 10th, 1928, at Toronto, to Mr. and Mrs. MacKay (Dorothy Fortier, Toronto General Hospital, 1919), a son.

**MARSHALL**—On April 9th, 1928, to Mr. and Mrs. Marshall (Beulah Wright,

Toronto General Hospital, 1921), a daughter.

**PAISLEY**—On April 25th, at Toronto, to Mr. and Mrs. Walter E. Paisley (Mary Stoddart, Grace Hospital, Toronto, 1922), a son.

**SCOTT**—On March 11th, 1928, at Grand Falls, Newfoundland, to Dr. and Mrs. Walter Scott (Anna Margaret McLeod, Montreal General Hospital, 1923), a daughter.

**SILVERTHORNE**—On April 18th, 1928, to Mr. and Mrs. G. Silverthorne (Nell Smith, Toronto General Hospital, 1921), a son.

**SPICER**—On December 7th, 1927, at Canning, N.S., to Dr. and Mrs. Stanley W. Spicer (Irene Thompson, Victoria General Hospital, Halifax, 1915), a daughter (Margaret Clark).

**SWANN**—On April 26th, 1928, to Mr. and Mrs. Swann (Louise Manchester, Toronto General Hospital, 1920), a daughter.

**WAINE**—On March 6th, 1928, at Prince Albert, Saskatchewan, to Mr. and Mrs. Louis J. Waine (Valletta M. Wagner, Holy Cross Hospital, Calgary, 1919), a son.

**WEATHERSPOON**—On March 28th, 1928, to Mr. and Mrs. T. Weatherspoon (Jessie McClure, Toronto General Hospital, 1916), a daughter.

**WILLETT**—On April 1st, 1928, to Mr. and Mrs. S. Willett (E. Battley, Regina General Hospital), a daughter.

**YOUNG**—On March 30th, 1928, at Quebec, to Mr. and Mrs. Charles Young (Irene Fellows, Jeffery Hale's Hospital, Quebec, 1918), a son.

### MARRIAGES

**ANDERSON—THOMAS**—In March, 1928, S. Thomas (Brandon General Hospital, 1926) to James Anderson.

**BARR — DUNCAN** — Recently, Gladys Duncan (Brandon General Hospital, 1927) to Walter Barr.

**BLONG—OATMAN**—On April 28th, 1928, at Willowdale, Ontario, Evalena Oatman (Grace Hospital, Toronto, 1916) to Robert Charles Blong. At home—Toronto.

**BRENNAN — McKAY** — On April 24th, 1928, Bernadette Brennan to Henry McKay, of Ottawa.

**CLEAVELAND — MacLEOD** — On April 26th, 1928, at Middletown, Conn., Louise Frances MacLeod (Montreal General Hospital) to Harry Cleaveland. At home—Torrington, Conn.

**ELLIOTT—LOUSON**—On April 30th, 1928, in Montréal, Jean Skeoch Louson (Royal Victoria Hospital, 1925) to Dr. James Munro Elliott. At home—Quebec City.

**FULTON—HENDERSON**—On April 9th, 1928, at Stellarton, N.S., Isabel Vera Henderson (Royal Victoria Hospital, Montreal, 1925) to Allan Keith Fulton.

**GREBBLE—LARTER**—On March 11th, 1928, at Richmond, California, Violet Larter (Montreal General Hospital), of Toronto, Ont., to Frederick L. Grebble.

**HIGGINS—LITTLE**—Recently, Ida Little (Brandon General Hospital, 1926) to S. Higgins.

**ROSS—GARDNER**—In March, 1928, at Ottawa, Eleanor Ross (Ottawa Civic Hospital, 1927) to Charles Gardner, of Ottawa.

**SMART—LEWIS**—On May 12th, 1928, at Lachine, P.Q., Doris Ethel Lewis (Montreal General Hospital, 1926) to Allen C. D. Smart.

**SMITH—MATHESON**—On April 25th, 1928, at Quebec City, Elizabeth F. Matheson (Jeffery Hale's Hospital, Quebec, 1921) to Reidy Smith, of Montreal, P.Q.

**TYLER—SMITH**—On February 18th, 1928, in New York City, Dorothy Smith (Wellesley Hospital, Toronto, 1924) to George Tyler.

## DEATHS

**DOOLEY**—In April, 1928, at Halifax, N.S., Mrs. Dooley (Hazel Dalglish, Jeffery Hale's Hospital, Quebec, 1917).

**McKITTRICK**—On April 3rd, 1928, suddenly, at Toronto, Ontario, Hazel McKittrick, formerly of the Victorian Order staff in Calgary and Toronto.

**REICKER**—On April 12th, 1928, at Boston, Mass., Hazel Reicker (Chipman Memorial Hospital, St. Stephen, N.B., 1926).

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## COMING EVENTS IN THE NURSING WORLD

Biennial Meeting Canadian Nurses Association, Fort Garry Hotel, Winnipeg, July 3-7, 1928.

Annual Meeting Registered Nurses Association, Nova Scotia, Yarmouth, June 5, 1928.

Annual Meeting New Brunswick Association of Registered Nurses, St. Stephen, June 19-20, 1928.

Annual Meeting, Canadian Public Health Association, Winnipeg, October 11-13, 1928.

Biennial Meeting, American Nurses Association, Louisville, Ky., June 4-9, 1928.

Annual Meeting, International Catholic Guild of Nurses, Cincinnati, Ohio, June 18-22, 1928.

Annual Meeting, American Public Health Association, Chicago, Ill., October 15-19, 1928.



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## THE CANADIAN NURSE

The official organ of the Canadian Nurses Association, owners, editors and managers. Published monthly at the National Office, Canadian Nurses Association, 511 Boyd Building, Winnipeg, Man.

Editor and Business Manager: JEAN S. WILSON, Reg.N.

Subscriptions \$2.00 a year; single copies 20 cents. Club rates: Thirty or more subscriptions \$1.75 each, if names, addresses and money are sent in at one time by one member of a federated association. Combined annual subscription with The American Journal of Nursing \$4.75. All cheques or money orders to be made payable to The Canadian Nurse. Changes of address should reach the office by the 20th of each month. In sending in changes of address, both the new and old address should be given. News items should be received at the office by the 12th of each month. Advertising rates and data furnished on request. All correspondence to be addressed to 511 Boyd Building, Winnipeg, Man.

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# The Canadian Nurse

A Monthly Journal for the Nurses of Canada  
Published by the Canadian Nurses Association

Vol. XXIV. WINNIPEG, MAN., JULY, 1928 No. 7

Registered at Ottawa, Canada, as second-class matter

Entered as second-class matter March 19th, 1905, at the Post Office, Buffalo, N.Y., under the Act of Congress, March 3rd, 1897

Editor and Business Manager:—  
JEAN S. WILSON, Reg. N., 511 Boyd Building, Winnipeg, Man.

## JULY, 1928

### CONTENTS

PAGE

THE HOSPITAL AND THE COMMUNITY - - - - Dr. Haven Emerson	339
EDITORIAL - - - - -	342
POSTURE - - - - - Janet B. Wolfe	343
NURSES—HERE AND THERE - - - - John M. Gunn	345
CAUSES OF MATERNAL MORTALITY (PRIZE ESSAY) - Dorothy M. Hopkins	350
VIGNETTES FROM THE HISTORY OF NURSING - - - - -	352
SCHOOL OF HYGIENE, UNIVERSITY OF TORONTO - Florence H. M. Emory	356
EXPERIMENTAL PRODUCTION OF CALCULI - - - - -	358
DEPARTMENT OF NURSING EDUCATION:	
TECHNICAL SCHOOLS AS A PRELIMINARY TO HOSPITAL TRAINING SCHOOLS, THE - - - - Mary H. O'Donoghue	359
DEPARTMENT OF PUBLIC HEALTH NURSING:	
WHAT OUR PRE-NATAL WORK SHOULD BE - - - - Ethel Greenwood	364
BOOK REVIEWS - - - - -	368
NEWS NOTES - - - - -	369
OFFICIAL DIRECTORY - - - - -	381

# The Hospital and the Community

By Dr. HAVEN EMERSON, Columbia University, New York.

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Let us accept the definition of the function of preventive medicine given by Sir George Newman, namely, "To build a better tabernacle for the soul of man to inhabit."

Our efforts now, as in the past, must consist in large measure in the better adjustment of mankind to his environment, both his physical surroundings and his biological associations with his fellows and the lower forms of parasitic organism.

We have passed in recent times from an era of asceticism when all material things comforting or useful to man were considered unworthy of the higher life, and but recently we have enjoyed a period of scientific command over matter which has brought us to our present state of a partial slavery to the conveniences provided by mechanics and the use of power. In each of these eras the prevalence of sickness has expressed the degree of failure in our adaptation of ourselves to the environment of our time.

Since the earliest record of social existence there have been institutions to which the sick have gone for relief, attracted by faith, reputation, or experience.

Not until quite recent times has the hospital been accepted as a symbol of the community's aspirations for well-being and for the expression of a Christian spirit among men, and as a means of applying the knowledge of science to the preven-

tion and relief of human suffering. In this capacity the hospital has now taken its place alongside the church, the school, the library, the courthouse, and the town hall.

The hospital's special claim to distinction as a common representative of the people of any neighbourhood is based upon its necessity as an instrument of science, serving each family at the beginning and end of life and at the moment life may be threatened on any occasion between birth and death. In speaking of the hospital I refer not only to the general hospitals but to those hospitals for mental disease which contain a larger number of sick persons throughout our continent than all other hospitals combined. This is our penalty for not protecting and adjusting our fellows in the midst of the stresses, and complexities, and temptations of their social environment, and to the misfortunes of their inheritance. When we speak of the hospital we usually include necessarily the six great services for the care of the sick in the community: the hospital proper; its out-patient department; the visiting nurses in the homes; the social service interpreting the home to the hospital, and vice versa, helping the home understand the hospital; the convalescent homes; and lastly the institutions for the care of the chronics and incurables. We have unfortunately but a rudimentary sense of social planning and organization so that what science and society are capable of providing for the families is rarely

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(Read before the annual meeting of the Registered Nurses Association of Ontario, April, 1928.)



achieved either adequately or symmetrically.

Remember that the hospital community is quite different from the political community, the commercial community, the industrial community, all of which may be included within the area of the hospital, or sickness, service of a community. For leadership in the community there is needed a hospital council to serve as a clearing house to study the needs and facilities of the community, to bring to local problems distinct experience and to provide constructive publicity for future plans.

The four functions of the hospital proper are, of course, medical, for the care of the sick; teaching, i.e., training of personnel; social, i.e., education of the community in public health and personal hygiene; and research to study the problems of preventive and curative medicine.

Many a community has superfluous and unused hospital facilities even up to 40 per cent. of its bed capacity. Only by studying the needs and adjusting the services to them can hospital trustees serve their best purpose. There are problems of laboratory service to be considered, often in co-operation with the laboratory needs of the health department in the community. Also the question of seasonal variations in the hospital needs, the adequacy of ambulance, out-patient, convalescent, and social service to be developed parallel with the diagnosis and treatment of the medical and surgical patients. The hospital contributor is entitled to information as to the use of public funds subscribed or received through taxes, as to the adequacy of service, and the ways in which these must be met by the community.

The following six items should be included in every hospital report:

Hospital purpose and sphere of service (history of development).

How organized and equipped for purpose and what is lacking.

How financed and what money is spent for what it owns and owes, and what it needs to carry out programme.

Number and other facts about patients.

Information about rules and how the citizen can help.

Acknowledgment of service given to the hospital by professional and lay groups or persons.

The present problem is that of spreading the cost of care of the sick in hospital over the community by endowment or insurance for hospital care, instead of allowing the whole burden of the care of the sick to fall upon the sick themselves.

An excellent discussion of the functions of the hospital in relation to the community will be found in the prize essay on the "Hospital and the Community" in *The Nation's Health* of November, 1924, written by Mr. Edward A. Fitzpatrick.

"The hospital has many and varied social ramifications. It is par excellence a social institution, one of the great works of mercy. Sisters and deaconesses dedicate their lives to its great purpose. Lay people with something of the spirit of religion everywhere find in it their greatest opportunity to serve their fellows.

"It is taking on a new atmosphere and a new purpose, losing its augural connection with workhouse and jail, and its limitation to the indigent poor, and becoming one institution serving all people in their hour of need. The main question is always 'What service can be rendered?' not 'How much can you pay?'

(What service is needed for the good of all, not what the individual at the moment is able to pay for.)

"Baptised in this new social spirit and confirmed by the social beneficence of its ministrations, the modern hospital is just undertaking social service of a constructive and reconstructive character that only a few years ago would have been called a dream.

"But yet we trust that the conception here presented will help the day

when there shall be a new earth—if not a new heaven.”

The hospital is a central power, collecting and distributing station for the influences of the medical sciences as they bear upon the cause, prevention and treatment of sickness.

It parallels and may even be one with that other indispensable instrument of today's social order, the health centre.

The material symbols of the hospital and health centre in a community will become cold and of low regard unless there burns the spirit of youth perpetually within their walls.

For those who have forgotten what their youth meant to them, and still should mean, whatever their age, or with whom they come in contact, allow me to quote here an anonymous definition of youth which I wish to leave with you as my parting message.

“Youth is not a time of life—it is a state of mind. It is not a matter of ripe cheeks, red lips and supple knees; it is a temper of the will, a quality of the imagination, a vigour of the emotions; it is a freshness of the deep springs of life.

“Youth means a temperamental predominance of courage over timidity, of the appetite of adventure over love of ease. This often exists in a

man of fifty more than in a boy of twenty. Nobody grows old by merely living a number of years; people grow old only by deserting their ideals.

“Years wrinkle the skin, but to give up enthusiasm wrinkles the soul.

“Worry, doubt, self-distrust, fear and despair—these are the long, long years that bow the head and turn the growing spirit back to dust.

“Whether seventy or sixteen, there is in every being's heart the love of wonder, the sweet amazement of the stars and the star-like things and thoughts, the undaunted challenge of events, the unfailing child-like appetite for what next, and the joy and the game of life.

“You are as young as your faith, as old as your doubt; as young as your self-confidence, as old as your fear; as young as your hope, as old as your despair.

“In the central place of your heart there is a wireless station; so long as it receives messages of beauty, hope, cheer, grandeur, courage and power from the earth, from men and from the Infinite, so long you are young. When the wires are all down and all the central place of your heart is covered with the snows of pessimism and the ice of cynicism, then you are grown old indeed and may God have mercy on your soul.”

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We have just received a copy of the June number of *The Trained Nurse and Hospital Review*. This issue is in the nature of a jubilee number “to record forty years of service,” and is largely devoted to articles dealing with the growth and expansion of the nursing profession during that time. Practically every branch and phase of nursing in the United States is discussed by an outstanding member of the profession. A symposium on

the contribution of the various religious groups is included and present-day problems and possibilities are authoritatively dealt with. The magazine is well illustrated and the pictures of past and present leaders in the nursing profession will prove to be of particular interest. The publishers are to be congratulated on the production of this very interesting and comprehensive resumé.



## Editorial

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### *Canadian Nurses Association*

Twenty years ago this summer the nurses of Canada, under the leadership of Miss Mary Agnes Snively, were making arrangements for the organization meeting of a national nurses' association. Spurred by the desire to become members of the International Council of Nurses, a privilege only accorded to nationally organized associations of nurses, Canadian nurses determined to put into concrete form the hope that had long existed in the minds of many of them: a Dominion wide association, formed by the federation of the then existing organizations of nurses. On October 8th, 1908, the Canadian Nurses Association was born. Those words, so easily written, after twenty years of advancement and expansion mean so much when we recall all that was so freely given by nurses in those earlier days for the benefit of those following after them. It is a great joy to all Canadian nurses that Miss Snively still retains her great interest in all that is taking place. Also that those who have joined the ranks later have the great privilege of association with some who were charter members of the Association and are still active.

From month to month *The Canadian Nurse* is this year publishing an account of the inception and development of the provincial associations. As each appears we read that an outstanding achievement

has been the passing of an act for the Registration of Nurses. These accounts pay tribute to the nurses who often against the greatest difficulties succeeded in accomplishing for nurses what at times appeared to be the impossible. The memory of the founders of the Canadian Nurses Association and the members whose efforts resulted in registration will always be remembered by present day nurses.

The past twenty years have seen many advances made as medical science and public opinion have demanded more and more from the professional nurse. The next twenty years may be regarded as ready to make still greater demands. Canada has taken her rightful place in the British Commonwealth of Nations. On every side we see almost amazing strides being made in the development of our country's natural resources: resources of such variety and abundance that more and more people will be attracted to the unsettled land as well as to the cities and towns. To nurses more than to any other group of professional women is given the opportunity to show by character and ability the many advantages available to these new comers. Are we ready to assist them? This is the great challenge that is to be met by nurses during the next decade or two. How will it be answered?

## Posture

By JANET B. WOLFE, Muscle Trainer, Dalhousie Public Health Clinic, Halifax, N.S.

It is much easier to talk than write about posture, as this is a subject more forcibly impressed on one's audience by a demonstration with an individual. However, as the written word will convey a message to the largest number of persons, it is generally supposed to have the most far-reaching effect. If the readers will try to visualize, or better still, actually take the different postures while sitting and standing before a mirror, I feel sure that henceforth good posture will have a clearer meaning for them. And, understanding yourself, please do your utmost to pass that knowledge to those around you. Not by the endeavour of the few, but by the co-operation of the many, will our girls and boys, men and women, be trained to stand and walk with that poise which rightly belongs to the people of a land such as ours.

In posture clinics and those schools that put considerable emphasis on posture training, the individual is put into one of four grades of body carriage—excellent, or A; good, or B; poor, or C; bad, or D. Of course there will be found many who are rather between two grades, and these will be placed in the class which they most resemble.

It is most difficult at times to know just where to begin the corrective work, especially if the posture is of grade C or D, and the child young and often not very bright mentally. But, as practically every one uses the feet incorrectly, I have adopted the plan of starting at the feet and working up. Notice the people on the street or in a room, and the one who has the feet parallel is so rare as to be almost conspicuous. Some one has said that the feet should go "not in, like the duck's; not out, like the cormorant's; but straight, like the Indian's." Here is at least one thing that the Indians, in their so-called uncivilized life, did better

than we do with all our boasted education—they used their feet correctly. Parallel walking with the weight consequently carried evenly on the soles of the feet, will of itself be a considerable aid in correcting the other faults in the posture of an individual. The mere act of putting the feet in correct position causes one to retain a balanced position by straightening the spine from its relaxed and stooped position. Training in the correct use of the feet, coupled with training in the selection of proper footwear would do much to alleviate the all too numerous sufferers from foot trouble.

The feet having been placed correctly, the next part to be considered is the relaxed and protuberant abdomen. For this condition, the exercises should first be taken while lying on a table. Relax the whole body and then contract the abdominal muscles. There will be at first a tendency to elevate the chest, but continued practice will bring about the required control of the muscles. When this control is gained, the next step is to try the same exercise while standing; this is somewhat harder, but a persistent effort will bring about results.

When correcting the position of the chest, there is frequently a tendency for over-correction, which must be guarded against. Once more much may be accomplished in the supine position; relaxation being gained first, then an effort is made to pull the scapulae closer together and flat against the chest wall. If this effort is at all successful there will be a stretching of the contracted pectoral muscles and a consequent chest expansion. If the stooped shoulder condition has been of long standing, it will take more than the individual's effort to gain results. The gymnast will have to give passive stretching of the pectoral



muscles in order to lend assistance to the posterior muscles. Exercises especially selected for their ability to pull back the shoulder blades and stretch the chest muscles must be practised regularly.

Finally, the head must be held on such a level that one can see directly ahead.

It is not my purpose to here mention all the ill-effects that may be and are caused by faulty posture. But, consider that there is a delicate mechanical balance between the various segments of the body, and, as with any machine, when that balance is upset, ever so slightly, there is bound to be trouble. Our body, in the upright position, has certain definite curves in the spinal column, with such a fine adjustment of balance that an increase in one curve will cause a corresponding increase in the next curve. When the balance is disturbed for long periods of time the muscles become stretched in one direction and contracted in another, and, unless regular exercise is indulged in, the incorrect balance will be kept with a resulting poor posture.

The incorrect use of the feet will give us the painful condition of flat feet with pains in the legs as well. The relaxed abdomen will cause a sagging and misplacement of the abdominal organs with serious results not only to that portion of the body, but to the body as a whole. The narrowed chest causes the ribs to slant downwards from the spine. The decreased diameter of the chest retards the action of the lungs and heart. The drooping head is the cause of aching muscles on the back of the neck. Poor posture in general will be productive of aching muscles and a strained feeling over the whole body. Because the proper mechanics of the body are disturbed, the organs cannot function properly and there is a consequent loss of energy, mental and physical.

The ability to walk and stand correctly is within the power of all,

excepting of course those who suffer from some deformity caused by disease or accident. Patience and perseverance are necessary to keep one's posture correct. In so many occupations there is a necessity for a continual bending forward and then also, one stoops very often through laxness. It seems so much more comfortable to stand on one foot than two, to let the shoulders sag rather than to hold them straight, and when sitting to slump down in a heap rather than to rest the full length of the back against the chair back.

It seems to come as more or less of a shock both to children and adults that the correct manner in which to walk is to place the heel down first and come forward on the toes for the next step. In this way the body balance is not disturbed, there is no jarring movement, and no waste of energy. Of course, the feet must be used in the parallel position, not with the toes pointing outward.

The window pole test has come to be recognized as the standard for posture; that is, a straight line dropped from the ear will fall through the shoulder and hip joints and either through or just in front of the ankle joint, if the individual has good posture. If the posture is poor the body will show in a very zig-zag line against the pole.

While it is generally said that the proper place to teach posture is in the school room, yet we are shirking our responsibility if we teach it there and there only. The teacher has many other lessons besides posture to teach and it is demanded of her that she neglect nothing. Added to that, the limited space at her disposal greatly hampers her in attempting other than the simplest exercises. Children must be watched that they hold their bodies erect while at home as well as at school. There is just as much necessity for the parents, as the teacher, to correct the slovenly habits of sitting and

standing posture. Again, in many cases, poor posture has developed into the more serious condition of spinal curvature and here the teacher can do little. Special attention is needed, individual care and specially designed exercises. For such children is needed the posture clinic, where the children may be examined by an orthopaedist and taught the corrective exercises by a competent gymnast.

Good posture must be sought for not only in children, but also in adults. The latter must carefully watch that they themselves do not develop those same faults which are just as harmful to them as to children.

The ability to stand and walk correctly greatly enhances one's value

in the business world, which should appeal to adults. Every one enjoys meeting those persons who bear themselves with a poise that is easy and graceful. A well-balanced body helps to keep the mind well-balanced, and the owner is better prepared to meet the many exacting events of a busy life.

A slogan issued by the American Posture League is most apt, and we might do well to always remember it.

"Are you a rounded question mark,  
Ungraceful, lacking vim?  
Or a living exclamation point,  
Alert, courageous, trim?" ? !

(Editor's Note: A companion article entitled *The Treatment of Cripples*, by Miss Janet B. Wolfe, was published in the April number of *The Canadian Nurse*.)

## *Nurses—Here and There* *A Few Glimpses and Some Reflections*

By JOHN M. GUNN, Barrister-at-Law, London, Ontario

I suppose that when the editor of *The Canadian Nurse* did me the honour of asking for a contribution, she had in her mind the fact that during the past twelve years, I have spent about twelve months, in periods of varying length, in hospitals in Canada and the United States.

I might begin with the very obvious remark that the nursing profession, as we know it today, is a quite recent development of modern times. And indeed the same remark has a much wider application. Now that young women have won such complete emancipation, it is hard for us to think back to a day, well within the memory of older people, when they remained by the parental fireside until released by marriage or death. Gradually conditions changed until we have undergone an economic revolution. The young woman who is not now engaged in some business or profession

is almost as rare as the Great Auk. Since the war, women have battered down all barriers. They are now members on equal terms with men in the British House of Commons, from whose sacred precincts they were formerly excluded even as visitors. They have forced their way behind the brass grill-work of our banks and financial institutions and they are there in thousands and there to stay.

The propriety of women entering some callings in competition with men may be seriously questioned; but the nurse is engaged in the most womanly of all occupations and has the field entirely to herself. Every woman is a potential nurse and has usually ample scope for the exercise of her gifts. Her healing power was probably displayed for the first time in the Garden of Eden. If the apple which Adam ate was a trifle green, we can easily suppose that it would produce a painful gastric condition



and we can picture Eve hunting excitedly for the castor oil and giving it to her spouse with a little tremor of nervous anxiety, not unmingled with a slight touch of remorse that she was the cause of his distress. And ever since Eve's day, millions of motherly souls have ministered to the sick and afflicted and cared for little children who could not help themselves.

Then quite naturally there came the time, long before the days of training schools, when women went out nursing for pay. They were not always of the highest type. Lovers of Dickens will recall Sairy Gamp and Betsy Prig, immortalized in the pages of "Martin Chuzzlewit." Mrs. Gamp was a practical nurse. She was so practical that she drank the whiskey prescribed for her patient, she took his pillow to make her easy chair more comfortable and when he was unconscious she straightened him out and exclaimed "Won't he make a lovely corpse!"

Mrs. Gamp was a fat old woman with a husky voice and a moist eye and very little neck. She had a swollen red nose produced by the strong drink of which she was always redolent. She had the fortitude so necessary in her calling, "My dear," she said, "when Gamp was summoned to his long home and I see him lying in Guy's Hospital with a penny piece on each eye and his wooden leg under his left arm, I thought I should have fainted away. But I bore up."

Mrs. Gamp and Mrs. Prig were partners when day and night nurses were required. When through with a case, Mrs. Gamp "parted as if from a cherished member of the sisterhood with Betsy Prig."

"Wishin' you lots of sickness my darling creature," Mrs. Gamp observed, "and good places. It won't be long, I hope, afore we works together, off and on, again, Betsy; and may our next meeting be at a large family's, where they all takes it reg'lar, one from another, turn

and turn about, and has it business like." "I don't care how soon it comes," said Mrs. Prig, "nor how many weeks it lasts."

Unfortunately the picture given us by Dickens was not overdrawn. The nurses of that time were dirty, ignorant, drunken creatures of the lowest character. This is hard for us now to understand when all the complimentary adjectives in the dictionary can be justly applied to the typical nurse of our day. And the beginning of the great and beneficent change came seventy years ago with the advent of that wonderful woman, Florence Nightingale. We think of her as the refined and educated maiden of high degree who went out from an old English home of luxury and ease to care for wounded soldiers in the hospitals of Scutari during the Crimean War. We think of her as the legendary "Lady with the Lamp" walking up and down the interminable aisles between the beds, bringing relief to shattered bodies and cheer to broken spirits, until the men came to worship her and kissed her shadow as she passed. Florence Nightingale was all that, but she was more than that. She was an angel of mercy but she was also a woman of brains and commanding personality. When she arrived in the Crimea she found the hospitals in a most deplorable state of dirt, neglect and confusion: a veritable chaos with which the officers of the army felt themselves helpless to deal. But to this extraordinary woman the situation was by no means hopeless. She went to work with her indomitable will and her forceful irresistible influence and brought about in a few months a transformation almost unbelievable. Not only did she create new and better conditions in buildings, sanitation, cooking, nursing and social service but she brought a new spirit to the men, "Before she came," said a soldier, "there was cussin' and swearin', but after that it was as 'oly as a church."

When Florence Nightingale returned from the war, she was thirty-seven. Her strenuous life at the front had shattered her health. Her heart was affected and her nervous system undermined. She was advised by her physicians that her life could be saved only by complete and prolonged rest. In spite of their diagnosis she declined to die and she lived for fifty-four years—most of that time an invalid—spending months at a time in bed or lying on a couch and yet all that time, as one biographer says, doing the work of two cabinet ministers. During this unknown period, the last half-century of her life, she made her greatest contribution to the welfare of mankind. Through her influence, vast reforms were effected in army hospitals and the care of soldiers in war and in peace. She revolutionized all theories of hospital construction and management. Her advice was sought and accepted on all sides. When the Nightingale Training School for Nurses was opened in St. Thomas's Hospital in 1860, she became the founder of modern nursing. And nearly fifty years later at the end of her long and useful life when the Order of Merit was bestowed upon her, it was universally conceded that it could not be granted to anyone who deserved it more.

The Civil War in the United States produced a woman who had much in common with Florence Nightingale. This was Jane Grey Swisshelm, who was born in 1815 in Western Pennsylvania. She was possessed of great natural ability, strong convictions, an invincible determination and an utterly reckless courage in her advocacy of any cause which she espoused. As an editor in Pittsburg and later in St. Cloud, Minnesota, and as a public lecturer, she was a powerful supporter of women's rights and an ardent, uncompromising abolitionist. She called a spade a spade and got herself into many a difficult situation

from which she emerged always triumphant.

In 1863 she found herself in Washington and, though she had no special training she offered her services as nurse in a soldiers' hospital. She found conditions not unlike those which faced Florence Nightingale at Scutari. Everywhere there was dirt, incompetence, mismanagement; everywhere inadequate provision for the patients' needs, and everywhere red tape and officialism blocking all attempts at reform. None of these things could daunt Mrs. Swisshelm. She went to work with tireless energy and rare common sense. She toiled unceasingly by day and night and was credited with saving the lives of many men who were given up by the surgeons and who might otherwise have died through sheer neglect. She was full of fun and good cheer and carried into the saddest wards a merry heart which, as Solomon said, doeth good like medicine. Her methods were simple and direct and generally effective. She had a profound contempt for the fashionable ladies who called upon the soldiers dressed in their finery and the hoop skirts of sixty years ago. One man who had suffered from their amateur ministrations tacked a card on the foot of his bed—"Too sick to be nursed today." Mrs. Swisshelm speaks in her characteristic way of one such woman whom she met: "a widow who estimated herself by her surroundings and whose every word and look and motion was an apology for her existence. We had no room for her hoops and she spent her time in odd corners taking care of them and her hair. If I had killed all the folks I have felt like killing, she would have gone to her final rest."

Mrs. Swisshelm did not always have murder in her heart. She was a good Christian woman and played the part on many a sad occasion. She spent some time in Fredericksburg nursing in an improvised hos-



pital located in a Catholic Church. One night she sat beside a soldier boy who was sinking fast. "I always tried," she said, "to avoid bringing sadness to the living on account of death; but it must have been hard for men to sleep in sound of his laboured breathing; and to soften it I began singing "Shining Shore." He took it up at once, in a whisper tone, keeping time as if used to singing. Soon one, then another and another joined until all over the church these prostrate men were singing that soft sad melody. On the altar burned a row of candles before a life-sized picture of the Virgin and Child. The cocks crew the time of the night outside, and when we had sung the hymn through, some of the men began again and we had sung it a second time when I heard George call me. I knew that he too was dying and would probably not hear the next crowing of the cock. I must go to him! How could I leave this head unsupported? Oh, death where is thy sting? I think it was with me that night; but I went to George. and when the sun arose, it looked upon two corpses, the remains of two who had gone from my arms in one night full of hope in the Great Hereafter."

This noble woman, broken down under the strain, suffered shortly afterwards from an illness which was alarming but happily not fatal. While she was laid aside, a friend writing to a Maine paper expressed the universal feeling when she said, "I hope the Lord will not take her away, until He has made another like her."

When the Great War broke upon the world in 1914, hundreds of nurses enlisted for service overseas just as eagerly as did the men. And there is no more glorious page in the history of heroism than the record of what they did and endured so loyally and unflinchingly on every battle front. By day and by night they toiled unselfishly in the most

harrowing situations from which strong men might quail. They bound up the wounded and broken-hearted, ministering with womanly tenderness both to body and mind. And when, as happened all too frequently, their most earnest endeavours proved unavailing, and they saw their patients passing out to the Great Beyond, they represented, as best they could, the mothers and wives and sweethearts at home in performing the last sad offices for dying men. And many a time they counted not their own lives dear unto themselves but made the supreme sacrifice on the altar of freedom. Edith Cavell was the most outstanding martyr nurse—the circumstances were so tragic and her fate so cruel. But Edith Cavell was not alone in showing a fine spirit of heroism in splendid scorn of consequence. More than two score Canadian nurses lost their lives. It was eminently fitting that a memorial should be placed in the old York Cathedral in England on June 25th, 1925, to the memory of the Empire's nurses—more than thirteen hundred of them—who went to the front and never returned. And it was equally fitting, that memorial services should be held all over Canada at the hour of the unveiling of the memorial in the Old Land. We must never allow the memory of these noble heroic souls to fade. As Lawrence Binyon said in his great poem, "At the going down of the sun and in the morning we will remember them."

When Our Lord sent forth the twelve on their first missionary journey, He commissioned them not only to preach the Gospel but also to heal the sick. The heart of the Great Physician was always touched by the sight of human suffering and His ear was ever open to the cry of those in pain. We are told that He healed all who came unto Him. We know that all work is honourable that renders a genuine service to mankind. But I think we may safely

say that the nurse who goes out in a spirit of unselfish devotion in peace or in war, in the homeland or in distant heathen lands beyond the sea, to relieve the distressed, is following more closely than most of us the mind and the example of the

Master, who went about doing good. And if any distinctions can be made we may expect that she will receive the heartiest commendation of all on that day when He says, "Well done," to all His servants who have continued faithful even unto death.

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## *The Practice of Nursing*

In his address to the graduating class of the Children's Memorial Hospital, Montreal, on April 20th, 1928, Dr. Lionel M. Lindsay said, in part:

The practice of nursing, especially the nursing of children, is not easy. It requires tact and patience as you well know, but it is an occupation which lends itself to the natural inclinations and instincts of a woman. To heal the sick; to watch the colour and life come back to the face of a little child: what could be more satisfying? Moreover a child patient responds more readily to treatment than an adult, for his protoplasm is plastic and undamaged.

During your training you have attended many lectures and clinics, some no doubt dull and uninteresting, but all endeavouring to explain the reasons and theories upon which the art of healing is based. You have had demonstrations and practice in order to perfect your skill and develop in you self-reliance. But, although the practice of medicine is an art based on scientific principles we would rather that a nurse were more of the artist and less of the scientist. For instance, we have tried to teach you some of the scientific principles of dietetics in order that you may have an in-

telligent understanding of the subject. But from the patient's point of view it is more important that you be capable of making a good custard than that you should be able to talk glibly on the vitamins or calories in the eggs.

. . . . .

You will be admitted into the intimate and often most sacred confidences of the family. The oath of Hippocrates should be sworn by all nurses as well as by doctors: that oath which enjoins absolute secrecy of things seen and heard amongst the sick. For with the physician and the priest you now form part of a trinity which deals with human frailties and human woes.

For those who take up institutional work let me caution you against the monotony of daily routine. Nothing is more liable to deaden one's enthusiasm and lead to perfunctory service. Beware of it, and if you find it descending upon you, change your work, at least for a time. Take a post-graduate course. Do public health work or go into private practice. Anything to shake the shackles of boredom and indifference that are so inimical to the best traditions of the nursing profession.



## *Causes of Maternal Mortality*

By DOROTHY M. HOPKINS, Regina

[EDITOR'S NOTE: An essay competition on the subject of "The Causes of Maternal Mortality" was announced several months ago by the Council of the Registered Nurses Association of Saskatchewan. This competition was open to all nurses registered in that Province. Miss Dorothy Hopkins, a member of the School Hygiene Branch of the Department of Public Health, Saskatchewan, was awarded first prize for her essay, which is published below.]

Statistics show that the maternal mortality rate for Canada covering the period from July, 1925, to July, 1926, is 6.4 per thousand living births. It may seem unduly pessimistic, but this same report states: "There is no reason to believe that the figures for 1928 will be any more encouraging. . . . These mothers died young. The youngest was fifteen years old; the average age was thirty-one."

What are the causes of this evil? People have been accustomed to believe that labour is a natural process and hence requires no special care. Result: the men with the greatest skill look to other fields of medicine in which to attain reward. As many doctors claim, our standard of maternity practice is low, many not taking these cases seriously enough. Through the appalling lack of education and inattention to maternity care—preventable ignorance—maternal life is held in too light esteem. Obstetrics should be practised seriously as a profession, and not by a neighbour's wife. This "handy-woman" is a disgrace to the public and a menace to its welfare.

In many cases the scarcity of finances presents a major difficulty. Lack of provision for protection by law of the expectant mother in industry often results in overworked, underfed, unhealthy, morbid individuals. It has been said, "As to the production of beneficial pre-natal effects, while parents can do nothing toward modifying favourably such qualities as are predetermined in their germ-plasm, nevertheless they must come to realize that bad environment can wreck good germ-plasm. They can see to it that they keep themselves in good physical

condition by wholesome, temperate living and thereby insure as far as possible healthy germ cells for the conception and good nutrition for the sustenance of their progeny. Their one sacred obligation to the immortal germ-plasm of which they are the trustees is to see that they hand it on with its maximal possibilities, undimmed by innutrition, poisons or vice."

More skilled nursing care, the lack of which has been keenly felt by many, is a vital need. Far be it from me to dissertate upon the manner of conducting a training school. This tentative suggestion is advanced with the desire to see this great lack obviated. Would not one of the first requisites to the solution of this problem be to acquaint all student nurses, that is nurses in training, with the facts of maternal mortality, emphasizing the great importance of every nurse a public health nurse, preaching for her gospel the need of hygienic care in obstetrics, ante-natal and post-natal?

The dearth of medical facilities for pioneer outposts is keenly felt. As one writer has ably put it: "Why should not the woman about to perform the highest function of the race, at the most interesting, most endearing, and most crucial moment of her life, enjoy the greatest benefits, the finest art that the science of medicine affords?" Should the pioneer be penalized and be called upon to do all the sacrificing for posterity?

Insufficient hospital accommodation for mothers in rural areas is a subject that could be enlarged upon and much room for improvement noted. The main difficulty experienced is lack of co-operation and interest in maternal welfare work by municipal councils.

The public's opinion must be moulded to a realization of maternal welfare requirements. In this country, with no crowded cities and many advantages, this enormous and regrettable loss might be perceptibly decreased.

The lackadaisical attitude of the laity must be overcome by the awakening of the public's interest through having the subject brought up for study before women's organizations in all communities, included in every health and home nursing class, and emphasized as a most serious public health problem which would result in decreased annual wastage of mothers' lives.

The subject lacks publicity. The importance of periodic, well-written, popular articles couched in simple untechnical terms in a household magazine read by many mothers is far greater than a literary treatise of facts in the daily press. Free discussion in public of maternity services and their usefulness should be stressed. Looking to New Zealand, from whom we have much to learn, we find: "They have nursing and maternal organizations, the registration of midwives is compulsory; maternity houses have been provided which not only furnish care during the confinement period but also give a small amount of pre-natal care to the prospective mother and post-natal care to infants. Special legislation looking toward a reduction in the mortality rate has been enacted. Probably the largest single factor is the Royal New Zealand Society for the Health of Women and Children, organized in 1907. Its activities are very extensive, and, it is stated, have a far-reaching influence in reducing the maternal mortality." We might well emulate this worthy project.

Education of the mothers is another vital point of contact which perhaps we are not making the most of, and this indirectly and directly may be a partial reason for the cause of maternal mortality. This programme of education may be organized in pre-natal and infant clinics, public health

services, city and rural district visiting nursing: to all of which the mother should have ready access and in which she may feel free to seek advice gratis.

Unity of effort, consolidated purpose, and intelligent direction would result in wider development and more substantial achievement in maternal welfare in many areas without any additional expenditure. The more intelligent development of present machinery and co-ordination would prevent the leakage found in incomplete medical service, incomplete maternal welfare work, lack of adequate hospital organization and the almost complete absence of efficient "follow-up" work.

Failure to link up hospital service with outside social services, and lack of co-ordination of the work of voluntary, local, provincial, and Dominion organizations, if corrected, in all probability would arouse the interest of the state and individual in the conservation of maternal life and health.

The lack of a definite attempt to educate the husbands to the need of better maternity care. Why include the husbands? may be asked. It is essential that the expectant mother have plenty of good nourishing food, a properly balanced diet, and that no unduly heavy work is indulged in. In some urban centres non-attendance of clinics has been accounted for by the prejudices and opposition of the husband.

Within the last few years progress has been made in the study of maternal mortality, but more intensive work remains to be done in order to decrease the toll of mothers' lives.

The people must be educated to the need for a generalized nursing service. In some localities arrangements have been made with the Victorian Order of Nurses to demonstrate the efficiency of this type of nursing in a rural community. The practical work in this field is the cynosure of many organizations, who see in it a response to their cry, "Come over and help us."



## *Vignettes from the History of Nursing*

*By Members of the School for Graduate Nurses, McGill University, Montreal, with Introductory Note by Maude E. Abbott, M.D., Lecturer on the History of Nursing. (Continued.)*

### XXI

#### OLYMPIAS

By MARGARET PRINGLE, Stanley, N.B.

To tell the story of Olympias is to tell the story of her day, so closely is her life interwoven with that of the leading personages, and yet how insignificant does she appear until we see her against the background of her time.

Olympias was born in 368 A.D. and lived until the second decade of the next century. This was the period which saw the organization of those institutions which were to hold together even when the Roman Empire fell to pieces. She was born some forty years after Constantine had moved his court eastward and built up a new Imperial City on the site of the little, old, fortified town of Byzantium. Persia was pressing in on the east and the Goths on the north. But greater than these dangers was that within the Empire itself, for the Roman life was deteriorating. The people were softened and surfeited with luxury; vital things were being forgotten in a welter of narrow views and self-seeking.

Constantine thought that he saw in Christianity that which would save the soul of his Empire and give it renewed vigour. He accepted Christianity as the State religion, and probably hoped to make a fresh beginning in a new environment—Constantinople.

But the Church itself was falling apart, owing to the variance in beliefs of a widely scattered people. Constantine saw this also, and called together the First Council to organize a system which would hold the Church together and formulate its beliefs.

This age also saw the establishment of monasticism as a provision for godly men and women to withdraw from too worldly surroundings.

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Olympias was born of a courtly pagan family, but her parents dying while she was very young she was placed under a Christian governess. As she grew up she had many suitors and at the age of sixteen married the Prefect of Constantinople. Her marriage was unhappy and in less than two years she was left a widow, without children. She took this as a sign that she was not meant for marriage and dedicated her life to Christian charity. She had many chances to re-marry but refused all. So angry did the Emperor Theodosius become at her repeatedly refusing to marry his Spanish kinsman that he confiscated her property and turned it over to the care of the State until she should reach the age of thirty. Olympias wrote the emperor a very sarcastic letter thanking him for relieving her of the management of her estate, asking him to divide it up for the churches and the poor, and thus save her the trouble as she intended to devote her life to charity. The proud old soldier, seeing the mettle of the woman he was disciplining, restored the estate to her, but she devoted it all to religious purposes. She gave up not only luxuries but many of the comforts and even necessities of life, denying herself food, sleep and decent clothing. Before she reached the age of thirty she was made deaconess by the Bishop Nectarius, who asked her advice on many matters.

By this time many changes were taking place. Theodosius, the last emperor, had died and left his two sons to rule: one in the west, at Rome, and the other—Arcadius—in Constantinople. Arcadius was very young and weak-minded, and much under the influence of a eunuch, Eutropius, who by his wits had raised himself from a humble position in the household until he was now chief minister. On the death of Nectarius many claimants at once came forward for the bishopric, but the wily Eutropius refused all applicants and hoped to compromise by choosing one not interested in worldly ambitions. This was a preacher in Antioch, John, surnamed Chrysostom the Golden-mouthed on account of his oratorical gifts.

John Chrysostom was born of a pagan military family and had been educated and trained for the law, proving himself a brilliant student. He had been won over to Christianity by his friendship for Basil. At the age of twenty, or about the time of the birth of Olympias, he had taken up the ascetic life and withdrawn into a cave in Egypt in order to mortify the flesh for the glory of his soul, or in order to get away from his former life of luxury. He denied himself proper food and rest so that at the end of six years he was forced to return, broken in health. He became a preacher at Antioch and won for himself a name that, as we have seen, reached far beyond his city. Hence, when the bishopric of Constantinople fell empty, Chrysostom was the man chosen to fill it.

Eutropius was mistaken if he thought the new bishop would be passive in his hands, for no sooner had Chrysostom reached Constantinople than he began to reorganize the life of the clergy. To a man of his austere training the luxurious life at the bishopric was distasteful and in the first year he had saved enough from the revenue of the church to build a hospital. He found

the moral tone of the clergy lax and standards of duty low: worldliness and flattery of the great prevailing. Some of the clergy were deposed for graver offenses and the remainder were reprimanded.

John Chrysostom found Olympias the leader in a group of some forty deaconesses—a leader in this, the golden age, of deaconesses; an organizer in the century of organization. She was giving her whole time to the relief of the poor and sick, and to the hospitable entertainment of visiting bishops and other ecclesiastics: none of whom ever left her home without pecuniary aid for whatever religious works they were carrying on. These included Gregory Nyssen and Peter, the brothers of Basil, and many others. One of these latter, Optimus, died while in the city, and Olympias herself closed his dying eyelids. As her hospitality was being abused Chrysostom interfered, telling her that her wealth was a trust from God, to be used prudently and not given to the opulent and covetous. Rather than resenting this, her devotion to Chrysostom seems to have been increased. One authority tells us that the bishop advised her in the distribution of her wealth; another that it was she who was the advisor to Chrysostom. It is easy to picture Chrysostom directing the policy of the works of charity, and Olympias with her practical mind carrying out the details. A partial survey of the city, made early in the reign of Arcadius, shows that while there were over four thousand private palaces besides those of the royal family, there were fifty-four churches and twenty monasteries, but only one hospital. With his savings Chrysostom built at least two hospitals. His other charitable and missionary interests included work among the Goths, the Phoenicians and in Asia Minor. He never recovered from his severe monastic life and Olympias watched carefully



over his health, seeing that proper food was prepared for his delicate stomach, and that his periods of fasting were not unduly prolonged.

Space does not permit us to linger over the spectacular events of the next few years, to which Olympias was probably an eye-witness, though no definite mention of her has been found by the present writer: the Empress Eudoxia's outburst of religious enthusiasm, the torch-lit procession of thousands of all classes from the city, led by the Empress herself—in royal robes and a diadem—to a martyrdom, nine miles distant; Chrysostom's eloquent sermon on the seashore at dawn the following morning; the downfall of the eunuch Eutropius and his clinging to the altar, a miserable hunted wretch, while Chrysostom saves him from the mob; the revolt of the Goths and their leader haughtily demanding one of the Christian churches for Arian worship; Chrysostom's skilful handling of the situation; the subsequent death of the Gothic leader; Chrysostom weeping in secret over the frivolities of those who applauded his preaching; the shouts of the people around the silver statue of Eudoxia disturbing the cathedral service.

But Chrysostom's eloquent tongue was not only his glory but the cause of his downfall. Living a simple life himself, he had no sympathy with the luxury-loving court. Intolerant of evil himself, he was intolerant, and even harsh, to all whom he considered offenders, and many of his shafts seemed aimed at the vain and worldly empress. She was also jealous of his influence over the emperor.

The bishop of the imperial city, in constant communion with the emperor and the ruling powers of the State, endowed with great personal ability and energy; the most eloquent speaker of his age, it is not to be wondered at that he began to extend the sphere of his ecclesiastic

domain, and, always harsh to those he considered wrong doers, he naturally made many enemies.

With a vain and revengeful woman as empress, an ambitious and discontented clergy, a small minded number always ready to carry tales and further misunderstandings, the material was all in readiness for the outburst of dissatisfaction that ensued. Through technicalities, exaggerations, misrepresentations, and actual untruths, Chrysostom was banished from the city and taken by soldiers across the Bosphorus to a far frontier of the empire.

Scarcely had he left when flames broke out near the pulpit and in less than three hours the cathedral, the scene of such stirring scenes during the last six years, lay a bed of smouldering ashes. At once suspicion fell on his followers, and Olympias, on account of her high position in the city, was charged with having been responsible for the fire. She was carried before the courts and promised that she would be freed from annoyance if she would acknowledge the new bishop of Constantinople. This compromise she haughtily spurned, and with a calm dignity said she was charged with what could not be proved and what her whole life refuted, and demanded to be publicly freed.

This trouble seems to have brought on an almost fatal illness and she left Constantinople the following spring. Whether this was of her own free will is not known; however, it is known that at least one of her friends was imprisoned and another was banished from the city and her special band of followers broken up. She appears to have been harassed in the hope of breaking her spirit. She was recalled to the city and again she refused to acknowledge Arcadius as the rightful bishop, and was heavily fined.

Of the remainder of her life very little is known. She is believed to

have had frequent illnesses and died between 408 and 420 A.D.

Time is too short to follow Chrysostom's trials during the next few years; his hurried march through all kinds of weather; his severe attack of tertian fever; his escape from warring bands of outlaws; his illness and suffering during the cold and storms of winter. But through it all he kept up a correspondence with his friends. From his cold and uncomfortable quarters in the wilds he directed his work of charity and cheered the spirits of his followers. From here he wielded an influence even greater than he ever had had as a bishop of the imperial city. His wonderful letters have been preserved and hold the attention today: not merely because they are written in well moulded language, but because he had something vital to say. Forty of these letters are still extant and of them seventeen are addressed to Olympias. It is largely from these that much of our knowledge of her life is gathered. The tone is always respectful, affectionate, and paternal; but too complimentary to be considered in good taste today. The references to her lack of personal care and cleanliness may disgust us, but against this we must place the influence on Chrysostom's preachings against the extravagant attire of the empress and her followers, and his

continual holding up before the eyes of his followers the ideal of an ascetic life.

In his last letter he begs her to procure some more of a medicine which had previously cured his illness "in three days." Whether she was ever able to do so, we do not know, for here his letters end.

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How little Olympias seems to have done for nursing! But as in other fields what small beginnings may bear fruit! That she had the spirit of nursing may be gathered from her tender solicitude for the health of Chrysostom and her presence at the death of Optimus. But more lasting than this is her influence, together with that of her contemporaries, Paula, Macrina, Basil and others, in giving labour a dignified place in their lives. These men and women belonged to the highest level of society in an age of slave labour and luxury, yet in the organization of the monastery they placed manual labour on a level with education and devotion.

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SCHOOL OF HYGIENE, UNIVERSITY OF TORONTO

## *The School of Hygiene, University of Toronto*

By FLORENCE H. M. EMORY, Toronto

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*"That man has had a liberal education who has been so trained in youth that his body is the ready servant of his will, and does with ease and pleasure all the work that, as a mechanism, it is capable of; whose intellect is a clear, cold, logic engine, with all its parts of equal strength, and in smooth working order, . . . whose mind is stored with a knowledge of the great and fundamental truths of Nature and of the laws of her operations; one who, no stunted ascetic, is full of life and fire, but whose passions are trained to come to heel by a vigorous will, the servant of a tender conscience; who has learned to love all beauty, whether of Nature or of art, to hate all vileness, and to respect others as himself."—HUXLEY.*

Such is the significant quotation chiselled in stone inside its entrance and such the spirit which permeates the school.

The School of Hygiene was established in the University of Toronto in 1925. It was not until the opening of the new Hygiene Building in June, 1927, however, that those departments in the University concerned with the teaching of Hygiene, Public Health and Preventive Medicine were co-ordinated. The school consists of the Departments of Hygiene and Preventive Medicine, Epidemiology and Biometrics, Physiological Hygiene and Public Health Nursing. Associated with the School of Hygiene are the Connaught Laboratories, the University section of which occupies quarters in the Hygiene Building. The University of Toronto is indebted to the Rockefeller Foundation for the gift of \$650,000, which made possible the establishment of the school.

The Departments of Hygiene and Preventive Medicine, Epidemiology and Biometrics and Physiological Hygiene provide the major portion of the instruction offered to graduates in medicine who are candidates for the Diploma of Public Health. The Department of Public Health Nursing offers two diploma courses. The one is open to graduate nurses who at the successful completion of one academic year are eligible for the University Diploma in Public Health Nursing. The other consists of four years of preparation for public health nursing. These four years include the full training for hospital nursing as given in the School for Nurses of the Toronto General Hospital. If successful in completing the course the student is entitled to the Diploma in Nursing from the Toronto General Hospital and the Diploma in Public Health Nursing from the University.

The Department of Public Health Nursing continues as an independent University Department, although the academic work undertaken is closely related to that in the other Departments of the School of Hygiene. The location of the administrative offices of the Department in the School, the class-room, library and laboratory facilities offered, and the opportunity for the mingling of those whose mutual interest is the preparation of workers for the health field are appreciated by students and staff alike. The unique organization of the School of Hygiene, including the Department of Public Health Nursing as an integral part, denotes progress in a teaching field which, though new to university life, is meeting a legitimate community need.



## *Experimental Production of Calculi*

In the July, 1927, issue of the *Canadian Medical Association Journal*, editorial reference was made to articles by Yoshitoma Fujimaki, a noted Japanese biochemist, in which he records an elaborate study of the formation of urinary and bile-duct calculi in animals fed on experimental rations. The study was prompted by the frequency to which Fujimaki had noted the presence of these calculi in rats which had been kept for long periods on a diet which was either free from, or poor in, vitamin A.

In his experiments, Fujimaki investigated deficiencies in each of the vitamins A, B, and C, in mineral salts (especially calcium and phosphorus), and in protein, and also in several combinations of vitamins. Rats, Chinese mice, puppies, and dogs were employed in the tests. Seemingly, the utmost care was taken to assure scientific accuracy. The results of a large number of experiments are tabulated.

The summary of his results indicates that calculi did not develop in animals which were kept on a normal diet, nor in those which were fed on a diet deficient in either vitamin B, vitamin C, or a combination of these vitamins. Nor did calculi develop within a month in animals whose food was deficient in vitamin A or in both vitamins A and C. But more prolonged feeding of these latter diets led to the production of calculi, which developed in practically all the animals so fed for three months or more. Bladder calculi appeared very commonly in the second month, kidney stones made their appearance later, and bile-duct stones seldom appeared much before the end of the fourth month. In quite a large number of animals, subjected to this diet for several months, all three varieties of stones developed. The urinary calculi were composed of phosphates; the biliary calculi of cholesterol.

A number of rats which gave x-ray shadows indicating the presence of large bladder stones were placed on a diet rich in either vitamin A or both vitamins A and C. In all cases the physiological condition at once showed improvement. At the end of two and a half months one was killed; four stones had disappeared and a fifth gave evidence that it had been dissolving. In three rats killed at the end of three months, and two killed after four and a half months, no stones were found. It was noted that the deficient diet caused alkalinity of the urine, which gave place to acidity when the normal diet was resumed.

In his second paper, Fujimaki discusses his experiments with diets deficient in protein, in vitamin A and protein, and in vitamin A and inorganic calcium and phosphorus. In the case of rats fed with a protein-deficient diet, nearly all died within a month and a half, but two survived for a hundred days. In no instance were calculi found. Fourteen out of twenty rats fed without vitamin A and protein died within a month; in two cases bladder stones were found. Of the other six, two developed kidney stones and one developed bile-duct stones. None survived much over three months.

The results obtained from eliminating vitamin A and inorganic calcium and phosphorus from the diet were particularly striking. Seventeen out of twenty-five rats died within thirty days; one showed bladder and kidney stones; while two showed bile-duct stone. None of the others lived more than sixty-four days; four of them showed bladder, kidney, and bile-duct stones, two showed bladder and bile-duct stones, one showed bile-duct stones. Bile-duct stones formed be-

## Department of Nursing Education

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### *The Technical Schools as a Preliminary to Hospital Training Schools*

By MARY H. O'DONOGHUE, The Technical School, Windsor, Ontario

The article presented herewith was read at the annual meeting (1928) of the Ontario Education Association. At this meeting a committee was formed to deal with the subject of Secondary Schools in relation to Schools of Nursing, in the hope that the Registered Nurses Association of Ontario would also form a committee. Three members of the Ontario Education Association attended the annual meeting of the Registered Nurses Association of Ontario and at this meeting a committee was formed to confer with the committee of the Ontario Education Association.

The vocational counsellor for girls in a technical high school learns that a large number of her charges are looking forward to entering hospital training schools when they are old enough. At the present time 40 per cent. of the girls enrolled in the Household Arts course in the Windsor-Walkerville Technical School have fixed upon the nursing profession as their objective.

The discovery that so large a number of girls proceeding to graduation in our technical high schools will in four or five years' time seek admission to hospital training schools raises the question whether they will be received willingly, reluctantly or refused admission. The vocational counsellor then proceeds to investigate the conditions for admission required by the hospitals in her vicinity and by those farther away, since ordinarily girls are not admitted to training in the towns in which they live. She makes herself acquainted with those charged with the admission of student-nurses. She becomes conversant with their ideas and she invites them to the school in order that they may become acquainted with what the school has to offer.

This is a proper place in which to congratulate the nurses on the sys-

tematic and clear-cut efforts that they are making to raise the educational standards of their own body. That women busied with the ever-pressing duties of their exacting vocation should by their own efforts enforce even higher standards, that they should do this without assistance from the schools is a tribute to their energy and purity of purpose. If I may quote from a pamphlet by Dr. Richard Beard of November, 1919, entitled "The University Education of the Nurse," you will get a stronger impression of what the nurses have done for themselves. He writes: "It has remained, and still remains, true that the training schools for nurses remain private schools, and for the most part mere hospital adjuncts; that they have no organic relation with educational institutions; that they exist, primarily, for the benefit of their hospital service; and that no definite standards of education obtain to which the schools upon any principle of association or reciprocity adhere, or by which the training or fitness of a graduate nurse may be judged.

"Undoubtedly the most helpful influence toward the betterment of the profession of nursing and towards the elevation of the standards of edu-



cation for the nurse has come from the associations of graduate nurses themselves. Pending the time—and may it come soon—when their influence shall become sufficiently powerful to establish a standard of minimal requirements for the training schools of the country, they have taken a very important step toward this end in securing laws to regulate and control the practice of nursing, and they have thus acquired the opportunity to set certain standards of fitness, if not for the schools at least for themselves. They have secured in the enactment of these laws a lever with which they cannot fail in time to lift the requirements of the schools, if that lever be well and wisely applied."

In this quotation we have due credit given to the graduate nurses in their efforts to improve their standards and we have a very definitely implied criticism of the educational world for the fact that it has left the nurses to tackle the problem alone. We may here then reach one practical conclusion. Let there be assigned to some individual in each technical high school the work of becoming acquainted with the hospitals in the vicinity and of bringing them into touch with the school. This should be done by personal interviews, particularly with those charged with the admission of girls to the training schools, by having the same women meet the student body and by a study of the proceedings of the Registered Nurses Association of Ontario. This association is divided into ten districts, each district holding annual, semi-annual, or quarterly meetings. The districts centre in the larger communities where the technical high schools are also to be found, and it is true of at least District No. 1 that participation in the programme by representatives in the schools is welcomed. The vocational counsellor for girls in the Windsor - Walkerville Technical School had the pleasure of participating in such a programme and was

impressed with the fact that the nurses were more alert in their efforts to articulate with the schools than the schools were in reciprocating. Even the technical schools are still sometimes engrossed with mere pedagogical projects and leave to chance the functioning of what they teach.

From April 19th to 21st the Registered Nurses Association of Ontario will be in session at Chatham. As proof of what I have just said I may quote the titles of two papers on its programme. They are a "Study of Ways in which High School Girls may be Interested in Nursing" and "Methods of Securing more Complete Information from High School Principals concerning Educational Records." The Registered Nurses Association is to be congratulated on the attention paid to these topics, and the technical schools of Ontario are to be blamed if for high school the nursing body connotes academic school. By the methods indicated previously we should become acquainted with the hospitals, get them acquainted with us and impress the idea that a technical school by virtue of its curriculum—of the conditions of entrance, of its teaching staff, is a secondary school—is just as much a high school as any other. We should stress especially the fact that the time spent on English, history and the social sciences in a technical high school is the same as that spent in an academic high school and that the curriculum in those subjects is in no way inferior. We cannot be surprised when we consider how recent is the establishment of technical high schools if persons whose education was completed before their establishment carry over a special connotation for the term "high school." We must take every opportunity to inform them of the true status of our schools in the educational system.

It is not, however, through a complete misapprehension of the meaning of the term "technical school" that organizations employ the term "high

school" where the term secondary school as embracing academic high schools, collegiate institutes, continuation schools and technical high schools should be used. There is another reason. That reason is that hospitals as well as schools do not wish to graduate their students into a field some exits from which are closed to them. An alert training school does not wish to have closed to its graduates the avenues of public health nursing, of social service work and of the degree of bachelor of science in nursing. And those avenues are closed in Ontario unless the candidate has matriculation standing. The matriculation standing in Ontario is not very flexible and I should like to submit to this meeting the problem whether or not the technical high schools would be well advised in seeking a matriculation which will fit in with their curricula into the courses in the universities of B.S. in Nursing, Public Health Nursing and Social Service. Unless this is done we cannot expect to secure entrance into many hospitals which are able to choose their aspirants because they logically will choose those who after graduation may go on to the farther reaches in the field of their profession and do credit not only to themselves but to the hospitals from which they came.

Can the technical high schools reasonably demand such a matriculation? How can it be managed without Latin? Recently I heard one young lady glibly remark that Latin was tied up in the whole subject of nursing. I know that the larger hospitals in Detroit and Chicago fix upon college entrance or three years of college entrance high school work as the minimum preliminary education required for admission to their training schools. But I also know that such high school standing could be attained without any credits for Latin whatever. I have personally had assurance from the heads of two of the large training schools in Detroit that they did not consider Latin specially

desirable, but that they did feel that cookery and nutrition would be very valuable and would be reckoned unto a prospective nurse in training for righteousness.

The Vocational Guidance Department of Chicago is one of the best organized and most effective in the United States, and its advice to girls may be accepted as based on the fullest investigation, complete knowledge of the situation, and of the greatest practical value. In one of its leaflets, entitled "Nursing as a Profession," its paragraph on Training is pertinent to the matter under our attention. I will quote it verbatim: "High school girls who are expecting to study nursing should take either the general science or social science course offered in Chicago high schools. Written and spoken English, History, Civics, Economics, Sociology, Biology, Hygiene, Chemistry, Cookery, Nutrition and Housekeeping are all of value to the nurse." You will observe the stress laid on the social and natural sciences and the entire absence of any mention of Latin.

The Department of Education in Ontario has made a careful and exact examination into the subject of the Latin which nurses use in their training and after they have become qualified nurses. After examining 664 prescriptions representative of 664 practising physicians in the city of Toronto the investigator was able to draw the following conclusions:

1. Prescriptions written in Latin were 37.5% of the total. Prescriptions in English were 51.3%. Prescriptions written partly in English and partly in Latin were 11.1%.
2. The total number of Latin words used was 44. Of this number 19 are not in the high school Latin.
3. The total number of Latin phrases used were six. Of this number four are not in the high school Latin.

Is it not carrying the doctrine of cultural training a little too far to



require three or four years' study of a difficult subject in order that one may recognize the nationality of 44 words? Will not the ordinarily bright girl without any background of the final subjunctive and the *oratio obliqua* master the fact that *capsula* is a capsule, *extractum*, an extract, and *syrupus* a syrup. Will the matriculant recognize either in its Latin or in its English form, *L. lamella*, Eng. lamella; *L. sterula*, Eng. sterule; *L. vescette*, Eng. *vescette*? Do you? The third chapter of Blumgarten's *Materia Medica* is the only Latin required by nurses in training and by graduate nurses. The content of the chapter is so slight and some of it so technical that one can readily understand why the heads of many large training schools are quite indifferent as to whether the student nurses have studied Latin or not. I am convinced that when a training school demands matriculation as a preliminary education for the students it is because it is concerned with linking up the hospital with the educational system and that once that has been accomplished we may find the hospitals with their customary energy focusing their attention upon the kind of matriculation and holding it more truly in accordance with their needs. Miss A. M. Hamill, of the Department of Education has complete data on the subject of the Latin required by the nurse, and I assure you that you would be interested in examining it in detail, each for himself.

What do the hospitals really desire? No doubt there is a diversity of opinion, but from prominent schools of nursing in Chicago, in Detroit and in Toronto comes the same expression of opinion. The initial stress is laid on English. The nurse is a public servant. In these days of division of labour the nurse is engaged in private work, in executive work, in teaching in hospitals and schools of nursing, in child welfare, in community nursing, in any one of thirty branches of her profession. But in every one,

the woman and not her work is judged first. Her speech is the most convenient index that the public has to her mentality, and it is essential that her written and spoken language shall bear inspection. Accuracy in arithmetic, a working knowledge of apothecaries' tables, the metric system of weights and measures, common fractions, elementary science, the elements of chemistry, knowledge of foods. These are stressed by superintendents of nurses as being the things which they feel the school should have given. These are the things that representative heads of training schools have all mentioned as basic for the successful prosecution of a course in the training school. Now, too, that nursing is interlocking so frequently with social service work in its various branches, history, civics and the other social science subjects are taking on a new importance.

The subjects listed above are given at the present moment in the technical high schools, both in the commercial and in the household arts branches, as fully and as effectively as in any other secondary high school. What can the student in such a school add to them to round out her year in an academic high school? We will take as example the outline of the certificate of credits required to be filled in by the prospective nurse in training in the Henry Ford Hospital in Detroit. That hospital is now linking up with the University of Michigan at Ann Arbor, and its graduates will be eligible to all the university work there offered to students who have completed the college entrance requirements. The candidate has to have certificates for fifteen units of credit. Ten of these may be made up from the English and Economic group, with the subjects listed as Composition and Rhetoric, History of American Literature, History of English Literature, Public Speaking, Grammar, Ancient History, English History, Civics, Economics, Sociology, and so on. Six credits may be made

up from the groups called Mathematics, Natural Science, Commercial, Industrial and Miscellaneous. In the Commercial, Industrial and Miscellaneous are Arithmetic, Bookkeeping, Geography, Cooking, Psychology, and so on. Girls in the Commercial or Household Arts courses in an Ontario technical high school could at the end of three years present as many units of credit as a girl who had completed three years in an academic high school. This system is more flexible than that prevailing in Ontario, but in view of the splendid service rendered by the hospital it represents, one would hesitate to question its efficiency.

What then would we conclude as to our subject, "The Technical School as a Preliminary to Hospital Train-

ing." That the studies pursued are suitable for the prospective nurse, that year for year the student is as far advanced in a technical high school as in an academic high school; that the hospitals, however, say high schools loosely for secondary schools and more often because of the newly-developed relationship between matriculation and courses in public health nursing and in B.S. in Nursing degrees, that the subject of Latin might very well be dispensed with in a matriculation leading to any course in nursing and be replaced by cookery and nutrition; that changes must be initiated from the side of the schools, and that the schools should co-operate with the nursing bodies who have already grappled with the subject without any assistance from the schools.

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McGILL UNIVERSITY, MONTREAL: The following nurses who attended the School for Graduate Nurses, McGill University, 1927-1928, recently were awarded certificates or diplomas:

Certificate in Public Health Nursing: Florence Belle Laite, Britannia, Nfld.; Elizabeth Mary Robertson, Montreal, P.Q.; Marjorie Evelyn Stevens, Cochrane, Ont.; Rose Mary Catherine Tansey, Montreal, P.Q.

Certificate in Administration in Schools of Nursing: Mary Elizabeth Adair Acland, Ottawa, Ont.; Rahno Maty Beamish, Toronto, Ont.; Mary Forster Bliss, Montreal, P.Q.; Rose Magid, Montreal, P.Q.; Elsie Caroline Ogilvie, Lakefield, Ont.; Margaret Mabel Elder Orr, Clarkson, Ont.; Mabel Sharpe, Toronto, Ont.; Inez Ellen Welling, Shediac Cape, N.B.

Diploma in Nursing Education: Marion Isabel Clark, Halifax, N.S.; Elinor Matilda Palliser, Montreal, P.Q.; Margaret Estabrooks Pringle, Stanley, N.B.; Edith Grace Young, Carleton Place, Ont.

Certificate in Teaching in Schools of Nursing: Loretta Charland, Montreal, P.Q.; Nettie Douglas Fidler, Toronto, Ont.; Norena Sarah Mackenzie, Montreal, P.Q.; Lillian Isobel Morton, Proton Station, Ont.; Marie Louise Clara Preston, Stratford, Ont.; Gladys Martha Sharpe, Toronto.

(Continued from page 358)

fore bladder stones, and kidney stones formed last of all. The urinary calculi were composed of carbonates; the bile-duct calculi of cholesterol with an abundance of calcium salts and pigment.

Fujimaki contents himself with a simple statement relative to the results of his experiments, and suggests no clinical application. Such admirable restraint should perhaps be emulated, but when one gives thought to other revelations in respect of the seeming importance of the vitamins in metabolism, one feels that this work of Fujimaki may be but the prelude to further investigation which may be productive of a practical means of preventing calculus formation in man, and possibly of successful non-surgical treatment of sufferers from all three forms of calculi.



## Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,

Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

### *What Our Pre-natal Work Should be*

From the viewpoint of a Public Health Nursing Association giving bedside care in a large city.

By ETHEL GREENWOOD, Victorian Order of Nurses, Toronto.

The nurses of the Toronto branch of the Victorian Order of Nurses have been visiting in the homes of expectant mothers for nearly fifteen years. At the Central Office of the National Organization at Ottawa, the annual reports of different branches throughout Canada from 1899 to 1925 are bound together and make a very interesting historical study. Here, in 1915, we find the first mention, in annual report from Toronto, of pre-natal visits as a special classification.

Perhaps, looking back to the early days of this type of visit, the older nurses remember it as a friendly visit to the future patient, to discuss with her plans and preparations for her home confinement and after care, while inquiring as to her health and observing unfavourable symptoms.

With the development of public health nursing in all its branches, the bedside nurse finds herself assuming a dual role: serving in the preventive as well as in the curative field. As a teacher of health, she finds an invaluable opportunity with the pre-natal patient.

So, through the years, the content of the visit has increased to include, in addition to stressing the importance of early medical supervision and urinalysis, instruction along the following lines:

(1) Elimination of body waste and the value of water and certain types of food as an aid to such elimination.

(2) Exercise, rest and sleep.

(3) Suitable clothing, avoiding high heels, and tight round garters.

(4) Nutrition: certain types of food in their relation to establish-

ment of breast milk and to preservation of the mother's teeth and in relation to the development of the baby's teeth and bone tissue.

(5) Adequate preparation of supplies for confinement.

One would naturally suppose that as the value to the patients of these visits increased, their demand for them at an earlier period of pregnancy would increase in proportion.

Wishing to count the gains, by estimating the average time of reporting, a study of histories of patients attended at confinement in 1926 was made.

It was found that of 2,091 confinements attended, 87 infants were still-born. Of these 87 still-births, 37 occurred between July 1st and December 31st. Taking 37 cases as the basis of study the following information was obtained:—

Four were visited at the 6th month of pregnancy.

Twelve were visited at the 7th month of pregnancy.

Sixteen were visited from the 8th to 8½ month of pregnancy.

Five did not call the Order until labour was in progress.

The average number of visits made per patient, two.

We would like the pre-natal patients, who numbered 2,614 during 1926, to request us to visit them as early as the third or fourth month. Perhaps too much is expected in return for the time, energy and money expended in this work in the last few years. A visit today occupies forty to sixty minutes of a nurse's time and costs 90 cents.

It is believed, however, that though earlier reporting would re-

sult in increasing the number of pre-natal visits per month, it would not involve a much greater expenditure of time and consequent increase in cost.

Is it not reasonable to assume that if two visits of from forty to sixty minutes' duration are required to give certain instructions, the time could be reduced to twenty or thirty minutes per visit if four or six visits could be made?

But if the average number of visits to 37 patients was two, the problem in our pre-natal work is late reporting. Faced with the above figures, which convince us the demand for visits at an earlier period of pregnancy has **not** perceptibly increased, we can only suppose the teaching is not sufficiently impressive. Why do not patients notify us early in a succeeding pregnancy or tell their friends and neighbours to call us early? Our nurses are not all teachers, of course, but one ventures to say each one is preaching the gospel of early advice from doctor and nurse.

The study also reveals the fact that the pre-natal patient delays in consulting her doctor, as some of them had not yet visited a doctor and no urinalysis had been made in ten cases when first visited.

Viewing these still-births as tragedies some of which might possibly have been prevented, we might ask: How could our nurse, if given an opportunity to visit earlier, have assisted in preventing them? She could at least have urged the patient to consult a doctor, if she had not already done so, or go to a clinic, if she was complaining of unfavourable symptoms.

How many women put off telling the doctor of headaches, swelling of the limbs, shortness of breath, etc.? because they think them just a few more of the trials of a thoroughly uncomfortable time. On the other hand, the woman who feels well sees

no reason for making regular visits to the doctor's office, and she may be wrongly advised by a mother who "had four of her nine without a doctor or a nurse."

Are we afraid to warn them of the dangers of confinement if unfavourable symptoms are neglected?

Do we not sometimes weaken our chance of persuading her to go to her doctor by minimizing the danger lest we make her nervous?

In studying the problem of why these women do not call the nurse earlier we have:

(1) The woman who is calling us for the first time.

(2) The woman who had us the last time.

(3) The old friend of the Branch who has had us for all her babies.

In the case of No. 1, perhaps she intended all along to have "the Victorians," but evidently it had not occurred to her to have "the early Victorians"! She did not know we made no charge for these visits before confinement. She did not go to her doctor till just last week and he had said he would notify the nurse.

We cannot hold ourselves to blame for any of these reasons, but if she says, "My friend has always had you and she told me to call you," then we realize that her friend could not have been sufficiently impressed with the value of the instruction we gave her to advise someone else to take advantage of it as early as possible.

In the case of No. 2, this is perhaps the woman who says she knew we were busy and did not call us before because she "knew what to get ready like we showed her before." Then we realize that the only thing we "put across" to this woman when we visited her before was the preparation of supplies which we could show her with our hands by demonstration.

In trying to leave with her any idea that we could help her by in-



structions as to the importance of diet in the development of a healthy infant, we had failed. Sometimes we find to our joy that she remembers and is trying to follow the advice as to the hygiene of pregnancy given when we cared for her previously.

Perhaps she says she had not intended to have us at all this time because she wanted someone who would stay all day and do the house work. She had engaged a "chemical nurse" who had disappointed her and she had been obliged to call us at the last minute.

In the case of No. 3, her reason for not calling us earlier is often because she is avoiding questions of her elder children as to why we are coming to see her.

This is our opportunity to make a few suggestions as to taking them into her confidence in the matter. The subject of education of her children in sex-hygiene is a difficult one, and while she has avoided it they have probably formed their own opinions.

She saw no reason for calling us except in time to "make an engagement," and **she** of course knew what to get ready. She knows a great deal more about child bearing than we do, and as to diet, when we tell her the story of the small beginnings of baby teeth at the fifth foetal month, she just thinks it is one of our "newfangled notions."

Certainly we can do our best educational work amongst pre-natals with the primipara, but many a primipara has a mother or a grandmother who spoils our opportunity. And the primiparas do not give us an opportunity to begin at the beginning—14 primiparas out of 37 reported to us during and after the sixth month.

So in considering what our pre-natal work should be from the point of view of the bedside nurse, we have first to consider how we can make contact with the pre-natal patient early enough to make it worth while.

Because, discouraged though we may be at the slowness of our progress, we do believe it is worth while. Do not let us admit failure or say that because the seed we have tried to sow has not yielded a bumper crop the seed is no good or the ground not ready. Let us rather say, "have we sown the seed aright?"

According to our figures, which show so little opportunity for early seeding, we have not, and so we must think seriously what our pre-natal work **should** be.

In a recent visit to New York, I was fortunate enough to observe the work at Maternity Centre, where, whenever possible, they refuse care to pre-natals registering after the seventh month.

How would a modification of that plan work with us? Could we, as a beginning, when a patient telephones asking us to visit her, inquire as to her period of pregnancy, tell her she is very late in reporting, that we very much prefer to have had her earlier, but will make an exception. Surely she will tell her neighbours.

We have also the opportunity when giving post-partum care to a patient who has reported late to stress the hygiene of pregnancy in such a way that she may see the value of our supervision and plan for it at an early date the next time.

I visited with a nurse from Maternity Centre a patient to whom they had given care at her previous confinement and who this time had reported her condition at the second month and been visited monthly, which proves that their plan for encouraging early reporting does give results.

At all visits made in the home of the pre-natal by the nurses of Maternity Centre and Henry Street Settlement the blood pressure is taken and urinalysis done. The reason for urinalysis is explained in a simple way to the patient, her attention being drawn to the position of the urinometer when a test for specific gravity

is made. If it sinks low in the specimen glass she is congratulated because she is drinking sufficient water to make her urine weigh light, and if it stands high there is the opportunity to prove to her she must drink more water because her urine is too heavy, and to tell her what symptoms may develop if she does not. If our findings are abnormal, we can advise her to go at once to her doctor with a specimen, and telephone him why we are sending her.

She is impressed by this examination and by the taking of her blood pressure with the value of the nurse's visit. It gives the nurse an opportunity of basing her teaching on something concrete; it leaves with the patient a remembrance of something done for her, which may make her want the nurse earlier the next time. Perhaps it might even help towards a more co-operative spirit between members of the nursing and medical profession.

Could we some day, with our doctor's consent, do this in Toronto and leave in our patient's mind after our visit something more valuable than we have been able to do in the past?

I have not considered the subject of clinics in my paper, because it is not the policy of the Victorian Order in Toronto to duplicate any activity of the Health Department.

But our nurses find their chief difficulty in getting our patients to attend pre-natal clinics is their dread of a doctor's examination there.

While visiting at Maternity Centre, Henry Street, and East Harlem Nursing and Health Demonstration I spent happy and interesting hours at their mothers' clubs.

All these clubs are based on the same plan of teaching by demonstration and are conducted by the nurses without a doctor present.

The urine of each patient is tested; her temperature and blood pressure taken as she sits at the little table having an individual visit with one of the nurses.

At East Harlem Health Demonstration Mothers' Club the nutritionist does the urinalysis and has each patient sit with her while her specimen is being tested, talking with her on the subject of diet.

Then a talk, illustrated by demonstration, is given by a nurse who is giving a series of ten or fourteen talks to a group who are encouraged to attend the series. If the talk is on diet, fruit and vegetables are attractively displayed, and some special food which has been stressed, such as baked apple, is served as refreshments after the talk.

Would it not be easier for us to persuade our patients to come to such a type of clinic where we might meet them on certain days? Could it not be operated on a co-operative plan with other groups doing pre-natal work and pooling overhead expenses?

One of our staff nurses could not visit six or eight pre-natal patients in their homes in an afternoon, but she **could** give each one of six or eight patients who came to her at the club a complete visit, while saving herself the time and her organization the cost of going to their homes.

The visit to the home of the future patient, subject to interruption though it may be, is very necessary for the nurse giving bedside care, as it gives her an opportunity of observing facilities available in the home for the confinement and after care.

No, we would not wish to substitute for our home visit, with its valuable intimate contact and individual teaching, those mothers' clubs, with their group teaching and demonstration, but we would welcome two teaching opportunities instead of one.

To achieve our ideal for pre-natal work we would strive towards:

(1) A home visit made sufficiently early in pregnancy to make our teaching by demonstration worth while;



(2) A mothers' club or conference to round out the home visit and strengthen, by reiteration, its teaching.

Surely we might hope for future results, even for the accomplishment

of our dream: every year increasing numbers of stronger growing babies, and healthier, happier mothers counted to our credit because we are doing better pre-natal work than in the past.

## Book Reviews

**An Outline of Materia Medica and Special Therapeutics**, by Sister M. Domitilla, B.S., R.N. Published by McAinsh & Company, Limited, Toronto. Price, \$1.50.

This publication gives us something quite new in the study of this subject. As the preface points out, "it is not intended to take the place of a text book, but to facilitate the task of the student in mastering her subject with the aid of a basic text, works of reference, laboratory exercises and practical experience."

Parts I and II deal with elementary materia medica as taught in the preliminary period. The practical problems presented would be very helpful to the student for drill purposes as well as the correlated laboratory work. The tabulated forms with spaces for writing up the essential points to be kept in mind when studying a drug gives opportunity for thought, with the pleasure of helping to "make a book"—both of which should act as a stimulus. In the more advanced study of materia medica this part of the outline could be used by the student in the project method for the report of the selected drug.

Part III is a brief outline of suggested points in special therapeutics, such as vaccine, radium, x-ray, etc.

On the whole the outline cannot fail to meet with the approval of those engaged in the teaching of materia medica.

—Annie F. Lawrie.

**Infectious Diseases and Aseptic Nursing**, by D. L. Richardson, M.D. Published by McAinsh & Company, Limited, Toronto. Price, \$1.50.

This is a good text book on the nursing of infectious diseases, particularly for junior nurses, as it states concisely many important points from the pupil nurse's standpoint. The chapter on the care of infectious diseases in the home is particularly helpful as that phase of nursing is rarely considered in medical books dealing with communicable diseases. The chapter on administrative technique is to the point and easy to follow. The book is small enough to take its place as part of a nurse's equipment and would be found particularly useful to a nurse with limited experience in the nursing of contagious diseases.

**A Text Book of Medicine**, by A. S. Blumgarten, M.D., F.A.C.P. Published by the Macmillan Company of Canada, Toronto. Price, \$3.25.

An orderly arrangement of subject matter, with frequent repetition of important points, is essential to the readiness with which the mind grasps any subject. Such an arrangement is found and is an outstanding characteristic of this work. Following a well arranged introduction to the study of medicine are fifteen chapters on infectious and allergic diseases, making Part I of the book. The diseases are grouped in chapters on infections found in certain parts of the body. Each disease is considered under the headings: cause, symptoms, complications, and treatment of symptoms and complications.

Part II contains sixteen chapters dealing with the diseases of the organs and the systems. Each chapter contains an opening synopsis of the anatomy and physiology of the organ or organs to which the diseases are related. This is followed by a description of the disease under the headings: cause, pathology, symptoms and treatment.

This text book could be well used by instructors in the classes accompanying the doctor's lectures in medicine. The frequently repeated and detailed explanations and the easy style in which it is written admirably fit it to meet the needs of pupil nurses. The inclusion of a few more coloured plates, such as the one illustrating a case of scarlet fever and measles, would enhance its value.

—Winnie L. Chute, B.A.

**Artificial Sunlight: Its Use and Application**, by Myrtle Vaughan Cowell, S.R.N.; illustrated. Published by The H. Edgar Smithers Publishing Company, 139 High Holborn, London, W.C. 1 (England). Price 2s. net.

**Nursing History, from the Earliest Days to the Present Time**, by Minnie Goodnow, R.N. New (4th) edition; illustrated. Published by W. B. Saunders Company, London (England), and Philadelphia (Mass.); Canadian agents: McAinsh & Company, Ltd., Toronto. Price, \$3.00.

## News Notes

### ALBERTA

CALGARY: Miss H. Whale, of the Calgary General Hospital staff, has left for a three-months' vacation in England.

Miss K. Milligan has joined the staff of the Rolland M. Roswell Hospital, Vegreville.

Miss B. Brown (Saskatoon General Hospital) has been appointed matron of the new municipal hospital at Wayne. The hospital is well-equipped and modern and was erected at a cost of \$18,000. It was officially opened on June 4th.

Mrs. Orpha Park has resigned from the staff of Central Alberta Sanitarium, Keith, and has joined the Victorian Order of Nurses in Calgary.

Miss Ash, superintendent, Calgary Branch, V.O.N., is spending her vacation in Banff and Southern Alberta.

EDMONTON: Miss Murray, instructor of nurses, University Hospital, has resigned her position and left on June 1st for Nova Scotia, where she will be married at the end of the month. Miss Murray has been succeeded by Miss Agnes McLeod, B.A. (University Hospital, 1927), formerly instructor of nurses at Lamont Public Hospital.

Miss E. Robinson left on June 7th for an extended trip to Europe.

Miss S. C. Christensen (Royal Alexandra Hospital, 1924), has accepted a position on the City Health Department staff.

Miss Munro, superintendent of nurses, Royal Alexandra Hospital, is spending her vacation in the East, visiting Montreal, New York and other points. She will attend the Biennial Meeting, Canadian Nurses Association, in Winnipeg, on her way back.

The members of the Edmonton Graduate Nurses Association extend their deep sympathy to Miss Elizabeth Clark in the loss of her mother.

MEDICINE HAT: Miss Henderson (Montreal General Hospital) has joined the staff of Medicine Hat General Hospital.

Miss Mary Murray, assistant superintendent of Medicine Hat General Hospital, is visiting in Calgary and Banff during her vacation.

Miss Coursey has returned from vacation in Ontario.

Miss Maud Davidson, public health nurse of Milo, was the guest of Mrs. J. Hargrave for a few days.

Miss Irene Cook is visiting her parents in Medicine Hat and in September will return to California.

The nurses are preparing for the annual garden party of the Association, to be held about June 15th.

LAMONT: At the graduation exercises of the Lamont Public Hospital held on June 4th nine nurses received their diplomas. Of this number, two were of Japanese descent, one born in Japan and the other in Victoria.

Miss Grace Oyama was awarded the gold medal for general proficiency, presented by the faculty. Other prizes awarded were: silver medal, presented by the faculty and won by Miss Evelyn Taylor; Elizabeth Young memorial prize, presented by Dr. M. A. R. Young, for the highest marks obtained during the three years, won by Miss Vera Boyd; five dollar gold piece, presented by Miss F. E. Walsh, for the second highest class standing during the three years, won by Miss Estella Beckwith. In the afternoon a reception was held in honour of the graduating class, the hostesses being local graduate nurses and wives of the resident doctors. At 8 o'clock a short dedication service was held in the hospital, when the new wing, recently completed, was formally dedicated.

Miss Agnes J. Macleod, B.A., who has been instructor during the past year in the Lamont Public Hospital, has resigned to accept a similar position in the University of Alberta Hospital. Miss Macleod obtained her B.Sc. in Nursing at the University of Alberta in 1927.

Miss Mary C. McCallum, L.P.H. 1922, and Miss Augusta Riske, L.P.H. 1923, are at present in the Peace River District, in connection with the Travelling Clinic of the Public Health Department.

### BRITISH COLUMBIA

VICTORIA: Members of the 1928 Class of the Jubilee Hospital Training School, together with Miss Mitchell, director of nursing, and Miss Gregory-Allen, were the guests of honour at a dinner given by the Alumnae recently at the James Bay Hotel, seventy guests sitting down at the prettily decorated tables. Mrs. Chambers, president of the Alumnae, was in the chair. After honouring the toasts to the King and "Absent Members" telegrams of greeting and regret at their unavoidable absence were received from a number of members, including Miss Jessie Mackenzie, who sent her good wishes to the gathering. Miss Legge-Willis proposed the toast to the 1928 class, Miss Oliver, class president, responding. Miss Ross, the senior of the class, proposed the toast to the Alumnae Association, Mrs. L. S. V. York replying. Mrs. Chambers gave the toast to "Our Alma Mater," to which Miss Gregory-Allen responded in the absence through indisposition of Mrs. Bullock-Webster.

At the conclusion of the dinner the party was supplemented by a number of additional guests, and music and dancing enjoyed, thus rounding out a delightful evening.

At the annual meeting of the Jubilee Hospital Alumnae, which was held on Monday, March 12th, it was unanimously decided to work for the building up of the Sick Nurses' Fund, which was started last year



and to which seventy-five per cent of the dues are applied. One member has been assisted during the past year.

ST. JOSEPH'S HOSPITAL, VICTORIA: Miss Ursula Whitehead (1924), formerly matron at the General Hospital, Quesnel, Cariboo, is now night supervisor at the Royal Jubilee Hospital, Victoria.

Misses V. Salmon (1927), and M. Ringslow (1926), are on staff duty in Santa Marie, California.

Miss K. Townsend (1927), and Miss Dell (1927), are members of the nursing staff of Tranquille Sanatorium.

Miss B. Hare (1927), is on staff duty at St. Mary's Hospital, Dawson.

Miss B. A. Graham (1923), has taken duty in Dr. M. J. Key's office, Victoria.

### MANITOBA

The following Training Schools for Nurses held their Graduation Exercises recently: General Hospital, Winnipeg; Misericordia Hospital; St. Boniface Hospital; Children's Hospital, Winnipeg; General Hospital, Brandon; Victoria Hospital, Winnipeg; General Hospital, Virden, and General Hospital, Portage la Prairie.

GENERAL HOSPITAL, WINNIPEG: The Alumnae entertained the members of the 1928 Graduating Class at a musicale and reception in the Nurses Home on May 22nd. The Alumnae welcomed the ninety-six new members of this class to their ranks.

A tea in honour of Miss C. deN. Fraser (1906) was held at the home of Mrs. Langille on June 9th, classmates of Miss Fraser assisting the hostess. Miss Fraser was presented with a writing case, in appreciation of her service as Editor of the "Alumnae Journal" for many years. Miss Fraser is to leave for the Old Country soon, where she will make her home in future.

Miss E. Russell, 1916, motored to points in Minnesota the latter part of May.

Miss A. Armstrong, 1916, of Rochester, Minn., has been visiting friends in Winnipeg.

Mrs. D. Basford (nee Menagh, 1916), with her husband and children, is spending the summer months in England and Ireland.

Miss L. Newcombe, 1911, of St. Luke's Hospital, Duluth, visited friends in the city in May.

Mrs. Purdy (nee O. Patrick), of Kingston, Ont., Mrs. M. Scott (nee M. Metherall), of Speers, Sask., and Miss R. Caldwell, of Unity, Sask., all members of the Class of 1920, visited the city during the past month.

Miss Evelyn Thompson, 1925, is relieving on the staff of the Bureau of Child Hygiene during the summer months.

Mr. and Mrs. David Owen (nee Marion Bain, 1925), have left to spend a year in the Old Country.

GENERAL HOSPITAL, BRANDON: The graduation exercises of the Class of 1928, Brandon General Hospital, were held on May 17th. Principal McKay, of Manitoba College, addressed the graduates, nineteen in number; Mr. R. Darrach, president of the

hospital board, presented the diplomas, and Miss C. Macleod the pins. Each graduate was the recipient of a beautiful bouquet of flowers. Medals and prizes were awarded as follows: General proficiency, Misses A. Bennett and M. Brigham (tied); gold medal, Miss E. Mains, who also won the Eye, Ear, Nose and Throat prize presented by Dr. O. H. McDiarmid and the Oral and Practical prize given by Dr. Bigelow; silver medal, Miss Gudmundson; Dr. Edmison's prize for Obstetrics, Miss R. Fletcher; Dr. H. S. Sharpe's prize for Pediatrics, second year, Miss A. Poole; Dr. Templeton's prize for First Aid and Dr. Beers' in Gynaecology, Miss F. Turnbull; Dr. Elliott's prize for Highest Standing, first year, Miss E. Potter; Highest Standing in second year, Miss E. Bright. Following the exercises a reception was held in the Nurses' Home.

Miss Christina McDonald (Brandon General Hospital, 1927) has accepted the position of matron of Virden Hospital.

MENTAL HOSPITAL, BRANDON: On May 30th, 1928, the annual graduation exercises of the training school took place in the Assembly Hall of the Hospital. Eleven nurses received their diplomas in mental nursing from the Hon. E. W. Montgomery, M.D., provincial Minister of Health. Miss C. Lynch, superintendent of the hospital, presented the pins and various prizes in mental nursing. Miss Belle A. Stewart received the prize for highest standing in the Graduating Class, Miss McKenzie second. The prize for First Aid was awarded to Miss McLeod; in the Junior Class Miss M. Smith won the first prize and Miss F. Winthrop the second. The exercises were followed by a reception at the Nurses' Home, and dancing completed a most enjoyable function.

### NEW BRUNSWICK

SOLDIERS MEMORIAL HOSPITAL, CAMPBELLTON: On the evening of June 15th the graduation exercises were held in the new High School Auditorium. Six nurses received their pins and diplomas. The exercises were followed by a reception. The hospital was opened and training school established in 1922. The Class of 1928 is the largest number of nurses to graduate since then.

MONCTON: The graduation exercises, Moncton City Hospital, took place on May 12th, in the Assembly Hall, Aberdeen School. Mr. A. C. Chapman, president of the Moncton Hospital Board, was in the chair, and presented the diplomas to the eleven members of the graduating class, while the medals were pinned on by Miss A. J. MacMaster, superintendent of the hospital. The principal speaker of the evening was Dr. H. A. Farris, of the County Hospital, St. John. Miss Florence Breau, valedictorian, was the winner of the following prizes: Ladies Hospital Aid, 1st prize, \$5.00 in gold; Norman Sinclair Prize for highest marks in obstetrics, \$20.00 in gold; N.B. R.N.A., Moncton Chapter, for highest general aver-

age throughout the three years course; Dr. Lyons' prize of \$5.00 in gold for best paper on bacteriology, anaesthetics and urinalysis in third year examinations; President Chapman's prize for deportment throughout the three years course, \$20.00 in gold,  $\frac{1}{4}$  of the award. Miss Alice Newcombe won the Ladies Hospital Aid, 2nd prize,  $\frac{1}{2}$  Dr. Kirby's prize of \$10.00 in gold, for best papers on anatomy in the senior division, and  $\frac{1}{4}$  of President Chapman's award of \$20.00. Miss Leonara Fleming won Dr. Ferguson's prize, a text book, for highest points in gynaecology examinations; Miss Elna Ryan, Dr. Ferguson's prize for highest points in practice and theory of junior bandaging; Misses Grace Ward and Margaret MacCallum,  $\frac{1}{4}$  each of President Chapman's prize of \$20.00. Miss MacCallum also won  $\frac{1}{2}$  of Dr. Kirby's prize of \$10.00 in gold for best papers on anatomy in the senior division.

Following the graduation exercises the class was entertained at a most enjoyable supper dance given by the Moncton Branch of the New Brunswick R.N.A.

**SAINT JOHN:** At the May meeting of the Saint John Chapter, Registered Nurses Association of New Brunswick, Dr. W. E. Rowley gave an interesting talk on Food in Health and Disease. The meeting was the last of the season and Miss E. J. Mitchell (president) was in the chair. Miss Agnes Sutherland was appointed official delegate to the annual meeting of the provincial chapter in St. Stephen on June 19 and 20.

**GENERAL PUBLIC HOSPITAL:** Graduation exercises, Class 1928, were held on May 17th, fourteen nurses receiving their diplomas. Prizes were awarded to: Miss Vella V. Hoyt, offered by Miss Ella McGaffigan for highest standing; Miss Clara G. Montgomery, the Alumnae prize as the student exerting the best influence; Miss Clara M. Nixon the prize offered by Miss Margaret A. Stewart for the highest marks in dietetics. Miss Vella V. Hoyt gave an admirably expressed and clever valedictory. Dr. J. L. Biggar, chief commissioner of the Canadian Red Cross Society, was present and briefly addressed the assembly. The programme included delightful vocal and instrumental solos and orchestra selections. Following the programme refreshments were served, and a dance held for the nurses.

The banquet tendered by the Alumnae to the members of the 1928 graduating class was greatly enjoyed. About fifty nurses were present and Miss A. McGrath was chairman. By special request Miss V. V. Hoyt read again the valedictory she had read at the graduation exercises. The valedictory was considered one of the best ever given at a General Public Hospital nurses' graduation.

Much sympathy is extended to Mrs. Munro and Mrs. Vaughan in their recent sad bereavement.

Misses Eva Smith and Inez Whipple have returned from their trip abroad.

Mrs. Dakin (Maida Hoyt), of Portland, Me., spent a few days in Saint John recently.

Much sympathy is extended to Miss Alice Gilfoil in the death of her sister recently. Mrs. Samson (Elizabeth Brittain, 1915), is visiting in Saint John.

Mrs. John W. Sanderson (Gertrude Wilson, 1912), has returned to her home in Prince Albert after a month's visit to her mother.

**ST. STEPHEN:** The graduation exercises of the 1928 Class, Chipman Memorial Hospital, were held on May 25th, Mr. J. L. Haley, president of the hospital board, presiding. The following nurses received their diplomas and pins: Irene Sherrard, Agnes McCrae, Frances Maxwell, Grace Mowatt and Maxine Johnston. The Minister of Public Health for New Brunswick (Dr. H. I. Taylor) addressed the nurses and presented each member of the class with a beautifully bound copy of the Life of Florence Nightingale. The Richardson prizes in the Intermediate Class were won by Misses K. MacEachern and J. Sansom. At the close of the exercises a reception was held at the Nurses' Home. On May 28th the Alumnae entertained the Class most delightfully at a banquet.

Miss Clara M. Boyd has resigned her position as superintendent, after three years' service, to take a much-needed rest.

Miss Bessie Banfill, night supervisor, has resigned her position to take up work on the Labrador coast.

Miss Annie Spinney is taking a special course in physio-therapy at the Harvard Medical School, Boston.

A pleasing incident took place recently when Miss Boyd, on behalf of the Local Chapter and of the Alumnae, presented Miss Irene Sherrard, 1928, with \$10.00 in gold in recognition of her having led the province in the recent examination for registration.

Miss Nellie Spinney has returned to Fort Fairfield, Me.

## NOVA SCOTIA

**HALIFAX:** The annual meeting of the Halifax Branch of the R.N.A. of Nova Scotia was held on May 15th, at the Dalhousie Public Health Clinic. Much routine business was transacted and officers elected for the ensuing period. The business session was followed by a very pleasant social hour. A reading by Dr. Hazel Thompson was much enjoyed by all. Refreshments were served to about thirty members.

National Hospital Day, May 12th, was fittingly observed by the hospitals throughout the province. The Highland View Hospital, Amherst, included a baby show; all babies born in the hospital since January 1st, 1925, were privileged to attend. Afternoon tea was served to all visitors, and souvenirs and special treats provided for the babies.

The members of the Graduating Class, 1928, of the New Waterford General Hospital are: Misses Carola Holm, Jennie Casey, Sadie MacNeil, Helen Boucher, and Veronica MacNeil.



Miss Kathleen Moor, of Halifax, graduated in May, 1928, from the Rhode Island Hospital Training School for Nurses, Providence, R.I.

Miss Helen Mont has returned to Halifax after spending the past two months in Vancouver, B.C.

The engagement of Miss Burns Ross (Royal Victoria Hospital, Montreal) to Douglas F. Reed, of Sherbrooke, P.Q., is announced.

### ONTARIO

Paid-up subscriptions to "The Canadian Nurse" for Ontario in June, 1928, were 1,119, 43 less than previous month.

#### APPOINTMENTS

Miss Arlie McMillan (Toronto General Hospital, 1927) is in charge of the Labour Room, 5th Floor, Private Patients' Pavilion, Toronto General Hospital.

Miss A. Gamble (Toronto General Hospital, 1910), who has been in charge of the Red Cross Hospital at New Liskeard, is going to Woman Lake to organize a small Outpost there.

Miss Marjorie Hall (Toronto General Hospital, 1923), is in charge of the Red Cross Hospital at New Liskeard.

Miss Helen O'Meara (St. Michael's Hospital, Toronto) has accepted an appointment with the V.O.N. in Ottawa.

#### DISTRICT 5

**GENERAL HOSPITAL, TORONTO:** The graduation exercises in honour of the 46th class—the Class of 1928—were held in Convocation Hall, University of Toronto, on May 25th. The opening invocation was given by the Rev. Dr. Roland Macleod, and Sir Joseph Flavell addressed the Class. The school pins and diplomas were distributed by Miss Blackwell. The scholarships and prizes were presented by the donors and awarded as follows:

Miss Eugenie M. Stewart, of Class 1926, Toronto, was the winner of the scholarship for one year's post-graduate work in the University of Toronto for a course in teaching and administration in schools for nurses, presented by the board of trustees, assisted by Mr. C. S. Blackwell. The scholarships for one year's post-graduate work in the department of Public Health Nursing at the University of Toronto given by the board of trustees, assisted by Sir Joseph Flavell and the Hon. P. C. Larkin, went to Miss F. Pauline Steeves of Hillsboro, N.B., and Miss Margaret Henderson of Scarboro Bluffs. Miss Henderson was also winner of the Dr. K. C. McIlwraith prize for Obstetrical Nursing.

Miss Winnifred Marion McCunn, of Oxford, N.S., won the general proficiency prize and the prize for highest standing in practical work given by the graduate nurse staff of the school for nurses.

The Dr. Geo. A. Bingham Memorial Scholarship for proficiency in operating-room technique went to Miss Claire McConnell of Toronto. The Gertrude O'Hara prize for

efficiency in bedside nursing was awarded to Miss Lillian M. Wilson of Toronto. Miss Helen K. Jackson of Whitby, won the prize for second highest standing in practical work given by Mr. W. T. Kernahan, while the prize for highest standing in examinations given by Mrs. R. B. Hamilton went to Miss Dorothy May Patrick of Melville, Sask.

The general proficiency prize in the Intermediate year, given by the Alumnae Association of the school for nurses was awarded to Miss E. Maurine Vick, and the highest prize for the standing in theory given by the officers of the school for nurses, to Miss Evelyn M. MacLaurin of Belleville.

Following the graduation exercises a reception was held at the Nurses' Residence.

A very delightful reunion dinner in honour of the Graduating Class of 1928 was given by the Alumnae on May 15th, and attended by about 250 graduates. Graduates were seated in "years," the tables ranging from 1890. One of the evening's pictures was snowy-haired Miss Snively addressing the young graduates. In voicing her thanks for gifts made to her the speaker said Miss Gunn had remarked they were "a labour of love". "You all know the old hunger for love, more than bread," said Miss Snively, who declared that she believed the greatest thing in the world was love and that it was the greatest need of the world today. She bade the graduates abstain from bitterness and cultivate love if they would be happy. Miss Gunn paid tribute to Miss Snively in her reply to the toast to "The School," and declared it owed its success to the sound foundation laid by her. Miss Gunn appealed for Canadian nurses to support fully next year's great International Congress of Nurses in Montreal. Greetings were received from Miss Robina Stewart, the school's second superintendent, who regretted that absence in California prevented her presence. Miss Elsie Hickey was the convener of the dinner.

The June meeting of the Alumnae was held in the Nurses' Residence on June 6th. Ways and means of raising money for the International Congress next year were discussed. It was decided to hold a theatre night early in the fall.

The many friends of Miss E. Kathleen Russell, director, Department of Public Health Nursing, University of Toronto, will be very pleased to learn that she is convalescing satisfactorily in the Presbyterian Hospital, New York, following a recent operation.

Mrs. Aubin was the hostess at a most enjoyable tea which was given for Mrs. More on April 18th. Miss Snively made the presentation of a tray and tea service from the Sick Benefit members, who wished to show their appreciation to Mrs. More for her interest taken in closing the affairs of the Sick Benefit Fund.

Miss Elva Shaver (1926) is in charge of the Emergency Operating Room during Miss Helen Collings' leave of absence.

Miss Eudora Watson (1923) has gone to the Western Provinces for the summer.

GRACE HOSPITAL, TORONTO: The joint graduation exercises of Grace and Toronto Western Hospitals were held in Convocation Hall on June 5th. The following is a list of names of the Class of 1928, Grace Hospital: Misses Annie M. C. Cameron, M. G. Bernice Million, M. Stella Wickett, H. Isabel Barons, Mrs. Edith B. Lough, Misses Jean L. Fox, Alice M. Thomson, Esther McComb, C. Louise Robinson, Irene M. Gilbert, Elsie M. Wood, Hazel L. Reid, Margaret A. Dean. The following prizes were presented: gold medal for highest standing in final examinations, won by Miss Wood; silver medal for second highest standing in final examinations, by Miss Barons; proficiency in bedside nursing, Miss Reid; the Van der Smissen medal for general proficiency, Miss Gilbert; the Mary A. Powell prize for operating-room technique, Miss Gilbert; Mrs. R. B. Hamilton's prize for neatness, Miss Fox; prizes for highest standing in first and second year examinations were presented to N. L. McCormick and M. R. Anderson respectively.

Following the exercises a reception was held, at which Miss Rowan, superintendent of Grace Hospital, and Miss Ellis, superintendent of Toronto Western Hospital, assisted the graduates in receiving their many friends.

Miss Elsie Ogilvie, 1919, has successfully completed a year's course in administration in Schools of Nursing at McGill University, Montreal.

Miss Jean L. Fox, 1928, has been awarded the scholarship given by Mr. E. R. Wood, entitling her to one year's post-graduate work in the Department of Public Health Nursing at the University of Toronto.

ST. MICHAEL'S HOSPITAL, TORONTO: The thirty-fourth annual graduation exercises were held in Columbus Hall, June 4th, 1928, at 4 p.m. Most Rev. Neil McNeil, Archbishop of Toronto, presented diplomas and medals to the graduates. Miss Jean E. Browne, addressed the Class in a most interesting and inspiring manner. The following scholarships and prizes were awarded:

Scholarship for one year's post-graduate work in Public Health Nursing, given by the Women's Auxiliary of St. Michael's Hospital for the highest aggregate marks in examinations, won by Miss Grace Murphy, Cayuga, Ont.; presented by Mrs. Graham.

The Dr. Norman Allen prize, for the highest standing in the principles and practice of medical nursing, won by Miss Catherine Corrigan, Uxbridge, Ont.; presented by Dr. Julian Loudon.

The Dr. Gideon Silverthorn Prize, for proficiency in surgical nursing and operating-room technique, won by Miss Ruby Price, Caistorville, Ont.; presented by Dr. M. Cameron.

Prizes given by Dr. George Wilson, for neatness and proficiency in record-keeping: Senior Class, Miss Lorraine Archambault, Peterborough, Ont.; Intermediate Class,

Miss Mildred Tossey, Toronto; Junior Class, Miss Catherine McAuliffe, Durham, Ont.; presented by Dr. Wilson.

Prizes given by the Alumnae Association, for the highest standing in the observance of the rules of the school of nursing: Senior Class, first prize, Miss Cecilia McDevitt, Albion, Ont.; second prize, Miss Laura Hinds, Toronto; Intermediate Class, Miss Cecilia McDevitt, Albion, Ont.; Junior Class, Miss Mona Comish, Toronto; presented by Mrs. Artkin and Miss McGurk.

Prize given by the Alumnae Association, for the best essay on "What Benefit Does a Training School Derive from its Alumnae Association," Miss Catherine Corrigan, Uxbridge, Ont.

The H. C. Scholfield Prize, for general proficiency, Miss Eva Godin, London, Ont.; presented by Mrs. Graham.

Prize given by Dr. D'Arcy Frawley, for the highest standing in obstetrical nursing, merited by the Misses Brown, Wilson, Oberer and Bolger, drawn for and awarded to Miss Grace Oberer, Kitchener, Ont.

Prizes given by F. J. Hughes, for loyalty in the school of nursing, Miss Grace Murphy, Cayuga, Ont.

The Corbett-Cowley Prize, for general neatness, Miss Audre Crowley, Toronto; presented by Dr. McKenzie.

Following the exercises a reception was held for the graduates and their friends. In the evening a jolly dance was given to the Class by the Women's Auxiliary of the hospital.

Very interesting reports of her trip abroad are being received by members of the Alumnae from Miss Margaret Kelman, who is now in Europe.

We regret to report the sudden death in May of Mrs. Wm. Wheldon (Dulcie Perry, 1924), in Buffalo, N.Y.

Congratulations to Mrs. F. J. Foy (Edna Overend) and Mrs. E. L. Gaither (Loy Barker) on the arrival of a daughter and son respectively.

WESTERN HOSPITAL, TORONTO: The joint graduation exercises of the Toronto Western Hospital and Grace Hospital were held in Convocation Hall on June 5th. Forty-two nurses graduated from the Western Hospital.

It is gratifying to note that two of the twelve special awards to Western Hospital nurses were scholarships for one year's post-graduate work in teaching and administration in schools for nurses at the University of Toronto. One of these was awarded by the Alumnae of the Toronto Western Hospital. A third scholarship was given by the Board of Governors for one year's post-graduate work, Department of Public Health Nursing, University of Toronto.

The Graduating Class was entertained by the Alumnae to a delightful dinner dance at Casa Loma on May 21st. Miss Marion Wylie, home on furlough from South America, attended the dinner. Miss Wylie returns to South America in the near future and will occupy the post of superintendent of nurses



in the hospital with which she has been associated for the past two years.

Miss Betty Matthews, 1927, was sent by the Alumnae as representative to the annual meeting of R.N.A.O. at Chatham.

Mrs. Fawns (Florence Gillespie, 1921) has returned to Toronto after a three-months' trip abroad.

Mrs. George Royce, 1921, recently returned from a trip to South America.

#### HOSPITAL FOR SICK CHILDREN, TORONTO:

The second annual dinner of the Hospital for Sick Children Alumnae was held on June the 11th in the Nurses Residence, and was attended by a large number of the graduates old and new, the guests of honour being the outgoing class. The dinner was presided over by Mrs. Langford, the retiring president and Miss Hazel Hughes, the new president of the Alumnae: seated there also were Miss Pantan, Mrs. Clutterbuck, Miss Gertrude Spanner, a welcome visitor from Los Angeles, Miss Austin and the other members of the executive. The toast to the King was proposed by Mrs. Langford, Mrs. Clutterbuck gave the toast to the "School" in a delightfully reminiscent way, she closed with a little affectionate tribute to Miss Potts, the former superintendent of the hospital, which was echoed by Miss Pantan in her reply. Miss Gertrude Spanner (1914), whom everyone was glad to welcome back, gave the toast to the graduating class, which was responded to by the class president. A pleasant little interlude then took place, during which Mrs. Clutterbuck in an appreciative few words, presented a pretty table lamp to the retiring president, Mrs. Langford, as a tribute of affection and esteem from the Alumnae. After thanking the nurses for their gift, Mrs. Langford spoke of her pleasure in holding office and asked that the same hearty co-operation be given to the new president.

The outgoing class then added their most amusing contribution to the merriment of the evening, by the reading of a "last will and testament," in which their most prized hospital possessions were left to those whom they considered would most benefit from them. In all it was a successful and delightful dinner, and may it only be one link in a chain of many like reunions, where old friendships are renewed, and the spirit of loyalty and love for the school is fostered and kept green in the heart of each graduate.

The nurses at Lakeside this summer include Misses Mary Ingham (1916), in charge, Nellie Thompson (1928), night supervisor, Irish (1928), Oliphant (1925), Burton (1928), and Wilson (1928), in charge of the various wards.

The Alumnae is giving a garden party on September 12th, from 2 p.m. to 7 p.m., at 134 Lawton Blvd. The admission is 50 cents, and the tickets may be had from any member of the executive. It is to be hoped that every member of the Alumnae will be there.

OSHAWA: Mrs. M. A. Young, graduate of Oshawa General Hospital and School for Graduate Nurses, McGill University, has been appointed superintendent of the Moose Jaw General Hospital, Moose Jaw, Sask.

#### QUEBEC

HOMEOPATHIC HOSPITAL, MONTREAL: On Thursday evening, April 27th, a very enjoyable time was spent when Miss Edith Trench (1902) was presented with a utility shower for her hospital, which she intends opening in the near future. Miss Trench recently resigned her position as superintendent of the Women's Hospital, Montreal.

On May 16th the graduating class of 1928 held a very successful dance in the Nurses Home. Decorations were effectively carried out in the school colours, green, white and black, with balloons of various colours suspended from the arches. The guests numbered about one hundred, and were received by Dr. and Mrs. A. R. Griffith and Dr. and Mrs. G. S. Morgan.

ROYAL VICTORIA HOSPITAL, MONTREAL: Forty-one graduates of Class 1928, have successfully passed the registration examinations for the Province of Quebec.

The Misses Mary Bliss, Clara Preston, Marion Clarke and Janet Pringle have completed a year's post graduate course at the School for Graduate Nurses, McGill University, and received the certificate of the school.

Mrs. Stanley, president of the Alumnae, Miss Sharpe, instructor at the R.V.H., and Miss Hersey, president of the A.R.N.P.Q., will attend the biennial meeting of the Canadian Nurses Association in Winnipeg.

The Misses Barbara Campbell, Anne Bell, and Gertrude Godwin, are spending the summer in England and France.

Miss Mary Barnes, 1925, is assistant in the operating room in the New Pavilion, R.V.H.

Two very welcome visitors at the R.V.H. recently were Mrs. D. M. Caldwell (Etta Binning, 1921) and her small son, David.

GENERAL HOSPITAL, MONTREAL: The graduation exercises for the 1928 Class were held in the Nurses' Residence on June 6th, when 56 nurses received their diplomas and medals, presented by Mrs. A. E. Ogilvie. Miss Catherine Willard Mills and Miss Clarice Barraclough were awarded prizes presented by the board of management for general proficiency; and Miss Edna Grace Moore and Miss Marion F. Carveth received the Mildred Hope Forbes scholarships for the highest aggregate marks during the three years' course. Following the invocation offered by the Rev. D. V. Warner, the guests were welcomed by Lieut.-Col. Herbert Molson. The Class were entertained the same evening at a dance held in the Nurses' Residence.

A dinner was given in honour of the Graduating Class at Ritz Carlton Hotel by the Alumnae, June 5th. Miss Hurley, Director of Education of the School for Nursing at the Uni-

versity of Montreal, was the guest of honour. About two hundred were present and spent a very pleasant evening. On this occasion Miss Frances Reed, who is resigning as Director of Education at the M.G.H., was presented by the student nurses with a gold mounted mesh bag and travelling clock as tokens of remembrance of her six years on the teaching staff.

Misses Inez Welling (1923), Elizabeth Robertson (1923), Norena MacKenzie (1926), and Loreta Charland (1927), have graduated from the School for Graduate Nurses, McGill University. The two former are engaged in field work at the Royal Victoria Hospital for one month, a new system this year, carried out in different hospitals after graduating. Misses Robertson and MacKenzie, each taking first-class general standing, the former in Public Health and the latter in Teaching. Misses Welling and Charland, each taking second-class general standing, the former in Administration and the latter in Teaching. Misses Robertson, MacKenzie and Welling are all taking positions at the M.G.H., the first on the O.D. staff, the second as instructor, and the third in the office of the assistant superintendent. Miss Charland goes to Sherbrooke Hospital, Sherbrooke, P.Q., as instructor of nurses.

Those attending McGill University next year are: Misses Madeline Stewart Taylor (1924), Marian Sarah Myers (1926), Catherine Willard Mills (1928), and Mary Irene McQuade (1925). the three former taking the Mildred Hope Forbes scholarships in Public Health, Hospital Administration, and Teaching in Schools of Nursing respectively, the latter the scholarship given by the M.G.H. board of management in Hospital Administration.

Prof. Moore, of McGill University, gave a very interesting lecture on "Narcotics," at the May meeting of the Alumnae.

Miss Alice Maud McLaren (1928), is engaged in Industrial Nursing, at La Tuque, P.Q.

Misses Hilda Little (1923) and Ida Heney (1924), spent the winter doing private duty nursing in Bermuda.

Miss E. M. Ahern (1926), sailed recently for London, England, to do nursing in a nursing home.

Miss Dorothy Shepherd (1928), has taken a position on the staff of the S.O.R., in the M.G.H.

The sympathy of the members is extended to Misses Kate M. Wilson and Ruth Hamilton, each in the loss of their sister.

Miss Birket Clark, who has been floor supervisor at New York Infirmary Hospital, during the past winter, is now holidaying in Montreal for the summer.

Miss Ethel Clark began her duties June 1st as night registrar at the Montreal Graduate Nurses' Club.

Miss E. V. Knollin (1926), spent the winter in Nassau, Bahamas, and has now returned to Montreal to do private duty nursing.

Misses Lolita Best and Vivian Hill (Class 1927), are engaged on floor duty at the Isolation Hospital, Ottawa.

Miss Anna Leonowens (1919), who has been engaged in private duty nursing for some time in New York City, has sailed for Europe to spend the summer.

Miss Ida Henderson (1924), who has been on the S.O.R. staff of the M.G.H. for the past three years, has accepted the position in charge of the operating room at Medicine Hat General Hospital, Medicine Hat, Alta.

A dance in honour of Miss Henderson before her departure was given by the nursing staff of M.G.H.

The engagement is announced of Miss Elizabeth Doris Judson (1927) to Dr. Harry Hammond Pierce. The marriage is to take place in August. A tea was given at the home of Miss M. C. Gilles in honour of Miss Judson, when a presentation was made by her class-mates of a sterling silver sandwich plate.

**SHERBROOKE HOSPITAL:** A regular meeting of the association was held at the home of Mrs. George MacKinnon on May 9th. As a means to make money Sunshine Bags were decided on and distributed to the members. Recently \$30 was realized through a rummage sale and \$14 from a food sale.

Miss Moffatt left recently to spend her holidays in Montreal and Toronto.

On July 22nd Mrs. George MacKinnon leaves with her three young daughters for an extended trip abroad.

Miss W. L. Chute, to the great regret of her many friends among the nurses—both graduate and undergraduate—has resigned her position as instructor in the Sherbrooke Hospital. She is taking a similar position at the Brantford General Hospital, duties to commence on August 1st.

## SASKATCHEWAN

**MOOSE JAW:** The graduation exercises of the Training School for Nurses, Moose Jaw General Hospital, were held on Wednesday, May 16th, sixteen nurses receiving diplomas.

**GENERAL HOSPITAL, REGINA:** Miss E. Bowman has resigned her position as instructor of nurses at the General Hospital. Before leaving for her home in British Columbia she was presented with a wrist watch from the medical staff.

Miss Olive Waterman, late instructor of nurses, Memorial Hospital, St. Thomas, Ont., has accepted the position vacated by Miss Bowman, as instructor at the Regina General Hospital.

Sunday, May 20th, was set aside for the Nurses' Service in Carmichael Church. The nurses marched in a body, in the training school uniform, which proved to be very effective.

The graduation exercises took place on May 22nd at the Metropolitan Church, twenty-five nurses receiving their diplomas.

On May 23rd the graduates were entertained at a delightful tea given in their honour by Miss Sanderson, superintendent



of nurses. On the same day the board of governors entertained them at a dance in the City Hall. On the 21st they were entertained at a theatre party and luncheon by the Registered Nurses Association, and by the Alumnae at a banquet at the Hotel Saskatchewan on May 16th.

QUEEN VICTORIA HOSPITAL, YORKTON: Mrs. Margaret F. Myles, who commenced duty as superintendent of this hospital on May 1st, 1923, graduated from the training school of the hospital in 1919. In 1922 she took a public health course in England and gained her Central Midwives Board Certificate in 1923. In 1927 she completed three years' training at the Edinburgh Royal Infirmary (Scotland), leaving behind her a distinguished record, each year winning a first prize in some branch of nursing. In 1927 she gained further distinction by winning the Affleck medal and prize, awarded to the best nurse of the year.

### C.A.M.N.S.

#### TORONTO OVERSEAS NURSES CLUB

It was a most enthusiastic gathering of nursing sisters, almost two hundred and fifty, who greeted Matron-in-Chief Macdonald at the third annual dinner of the Overseas Nurses Club of Toronto, held in the Crystal Ballroom of the King Edward Hotel on May 8th. From all points of Ontario they had come: Kingston, Hamilton, Guelph, London, Oshawa were well represented, and the gaily flower-bedecked tables were soon filled with old friends, many of whom had not met each other for years. At 7.30 the guests had assembled in the ballroom, and a few minutes later Miss Macdonald, amid great applause, took her place at the head table on the dais, with Miss Wilkinson, president of the Club, on her left and Miss Rayside on her right. Others seated there were Miss Pope, of Halifax, Miss Edith Campbell, Miss Hudel, Miss Hartley, Miss Cameron Smith, and Miss Greenwood, the toast-mistress of the evening. Universal regret was expressed by all when it was learned that owing to unavoidable reasons, Miss Smellie's chair would be vacant. She, however, sent a very delightful message to Miss Macdonald and the members of the Club, by lettergram, which was read later in the evening. Many had been the queries among the sisters as to why the centre table had been reserved, but as the signal to be seated was given, the orchestra broke into "Tipperary," and up through the ballroom to the dais bravely stepped ten relics of the great war led by a British Matron, in her ancient Q.A. uniform of 1914, with skirt discreetly to the ground, little red cape, and grey bonnet with strings under her chin. There were sisters in mess dress, breathing a little heavily (it was ten years or more since those buttons had met), sisters in blue, with immense veils and nice long aprons. There was one veteran in her original First Contingent coat just two inches off the ground, and with leg-of-mutton

sleeves and a hat perched firmly on the back of her head. There was a smart young orderly with moveable whiskers, and a gay V.A.D. with a string of pearls: all were there to add their welcome to the Matron-in-Chief and to take her back in memory to the days when she guided their destinies with firm but tactful hand. Amid great laughter they took their places at the vacant table, and the chief remark during the entire evening from the others was, "Don't tell us we ever looked like that". The sisters in question were Miss Pat Tucket, the convener of the Entertainment Committee, Mrs. Robson (N/S Daldlesh), Mrs. Shields (N/S Oatman), Mrs. Hewitt (N/S Dow), Mrs. Hart (N/S Creighton), Mrs. Noble Sharpe (N/S Cummings), Mrs. Ronaldson (N/S Hammell), and Mrs. James (N/S Drummond). At each place at the head table was a tiny doll, dressed as a nursing sister, the work being a labour of love on the part of Mrs. Duncan (N/S Weldon). These were much admired by the guests of honour, not only for the beauty of workmanship displayed, but also for the absolute accuracy in the carrying out of the uniform, even down to the tiny shoulder stars, and were carried away by them as delightful souvenirs of the evening. At each sister's place was a song sheet filled with merry little ditties relating to matters military and romantic, and every few minutes during the dinner the orchestra would lead the way with a song, which the sisters sang with mirth or pathos, as the case might be, probably the favorite being as follows:

"Oh where, Oh where are our beaux all gone?

Oh where, Oh where can they be?

With their stars or buttons or major's crown

Oh where these beaux can we see?"

A pleasant little incident before the toasts came when Mrs. Holland, from London, Ont., presented a beautiful nosegay of flowers to Miss Macdonald, with the affectionate greetings of sisters of that city. Miss Greenwood, as Toast-mistress, then opened the speeches by calling on Miss Wilkinson to give the Toast to the King, which was responded to by a verse of the National Anthem. A silent toast to the Canadian sisters who lost their lives in the war brought all present to their feet, in a reverent two-minute silence; and then Miss Rayside, who has been an honoured visitor at every dinner given by the Toronto Club since its inception, introduced the speaker of the evening, the Matron-in-Chief, in a charming series of reminiscences which carried every one back to the early days of the war. It would be difficult to express the love and appreciation that the nursing sisters showed as Miss Macdonald rose to reply. It was a moment or two before she could speak; as she stood smiling, they sang and cheered her, ending with a lusty Tiger. Miss Macdonald spoke of the co-operation she had always received from each and every nursing sister, of the friendships made and memories formed.

In a modest manner she disclaimed the honours showered upon her, stating that she

merely reflected the credit so justly earned by the sisters who served with her.

Matron Pope, the first army nursing sister of the Canadian Army Medical Corps, was on Miss Wilkinson's left, and made a most pleasing speech.

Following the speeches a most amusing skit, entitled, "An Innocent Incident," was put on by Miss Greenwood, who took the part of a Matron-in-Chief, Mrs. James that of a much-misguided sister, and Mrs. Shields an orderly.

The reception held in the adjoining drawing-room gave every sister an opportunity to meet Miss Macdonald.

On the afternoon of May 8th Miss Macdonald visited the sick sisters at Christie Street Hospital, afterwards attending a tea given by the Toronto Red Cross, where she

met many of the officers of the permanent force and voluntary workers who served during the war.

On the afternoon of May 9th, His Honour the Lieutenant-Governor and Mrs. Ross gave a tea at Government House in honour of Miss Macdonald, to which all members of the Overseas Nurses Club were invited.

## BRANDON

The ex-nursing sisters held a meeting recently when the following officers were elected: President, Mrs. A. C. Barager; Secretary-Treasurer, Miss I. Fargey.

On Decoration Day a wreath, emblem of C.A.M.C., was placed on the Cross of Sacrifice.

## BIRTHS, MARRIAGES, AND DEATHS

### BIRTHS

CHASE—On May 30th, 1928, to Mr. and Mrs. F. Chase (Irene Kelly, General Public Hospital, St. John, 1918), a son (Frederick Fenwick).

BULL—In March, 1928, to Mr. and Mrs. J. Bull (Gladys Fairclough, St. Joseph's Hospital, Victoria, 1924), a daughter.

COOPER—Recently, to Mr. and Mrs. Edward Cooper (Cora Reid, General Public Hospital, St. John, 1920), a son.

CRAFT—On March 30th, 1928, to Mr. and Mrs. P. C. Craft (Jennie Straight, General Public Hospital, St. John), a son (Perry William).

FOUND—On April 9th, 1928, at Seoul, Korea, to Dr. and Mrs. Found (Annie Helen Cass, Toronto General Hospital, 1921), a daughter.

GOUGH—On June 1st, 1928, at Montreal, to Mr. and Mrs. Norman S. Gough (Lois Corner, Homeopathic Hospital, Montreal, 1926), a daughter (Barbara Lois).

GRADY—On April 14th, 1928, at Nelson, B.C., to Mr. and Mrs. Bruce Grady (Jessie Dickson, Toronto General Hospital, 1918), a son (Bruce Dickson).

GRIFFITH—On April 30th, 1928, at Montreal, to Dr. and Mrs. J. J. Griffith (Florence Gear, Homeopathic Hospital, Montreal, 1922), a daughter (Ann).

HAYDEN—On June 2nd, 1928, at Winnipeg, to Mr. and Mrs. L. Hayden (Susie Campbell, Winnipeg General Hospital, 1920), a daughter.

HENDRICKSON—In February, 1928, to Mr. and Mrs. Hendrickson (May Simon, St. Joseph's Hospital, Victoria, 1924), a son.

HENDRICKSON—On April 16th, 1928, to Mr. and Mrs. W. Hendrickson (Marion Jones, St. Joseph's Hospital, Victoria, 1922), of Juneau, Alaska, a daughter.

HOLMES—In May, to Mr. and Mrs. Bernard Holmes (Gladys Smith, Montreal General Hospital, 1926), of Earnscliff, P.Q., a son.

HORTON—Recently, at Shelburne, Ontario, to Dr. and Mrs. Horton (Audrey Williams, Toronto Western Hospital, 1922), a son.

HUMPHREY—On June 4th, 1928, at Toronto, to Dr. and Mrs. J. N. Humphrey (Lyall Gilchrist, Toronto General Hospital, 1919), a son.

KENNY—On January 7th, 1928, to Mr. and Mrs. J. Kenny (Alice Barry, St. Joseph's Hospital, Victoria, 1922), of Port Angeles, U.S.A., a daughter.

LEGGO—In May, to Mr. and Mrs. Leggo (Marjorie Moody, Montreal General Hospital, 1919), of Montreal, a son.

NOXON—On May 25th, 1928, at Toronto, to Mr. and Mrs. K. T. Noxon (Nora Parker, Toronto General Hospital, 1923), a son.

MCCOLL—On April 15th, 1928, at Edmonton, to Mr. and Mrs. M. B. McColl (Marjorie Russell, Calgary General Hospital, 1919), a daughter (Joan Louise).

McINTYRE—On May 20th, 1928, to Mr. and Mrs. E. C. McIntyre (Gladys C. Croft, St. Joseph's Hospital, Victoria, 1919), of Nanaimo, B.C., a daughter.

POTTER—On May 15th, at Montreal, to Mr. and Mrs. T. G. Potter (Irene Hutchings, Royal Victoria Hospital, Montreal, 1919), a daughter.

RANKINE—Recently, to Mr. and Mrs. Arthur Rankine (Leona Howard, General Hospital, St. John, 1923), a son.



**MARRIAGES**

**CHESTLEY—REID**—On June 4th, 1928, Beatrice P. Reid (General Public Hospital, St. John, 1920), to Dr. Arthur Chestley. Dr. and Mrs. Chestley will reside in St. John.

**COON—DOCHERTY**—On April 7th, in Toronto, Lulu M. Docherty (Toronto Western Hospital, 1922), to Dr. A. Wil-lard Coon, of Norfolk, Va.

**CROSBY—BEAN**—On May 23rd, 1928, at Provost, Alta., Bernice Bean (Royal Alexandra Hospital, Edmonton, 1915), to William Crosby. At Home—Wolse-ley, Sask.

**DURST—TATE**—On June 6th, 1928, Dorothy Tate (Regina General Hospi-tal), to Harry Durst, of Philadelphia, Pa.

**GRAY—STOCKS**—On April 11th, 1928, Mary Stocks (St. Joseph's Hospital, Victoria, 1920), to Bertram Gray, of Quesnel. At home—New Westminster.

**HANSON—ARCHIBALD**—On June 9th, 1928, at Winnipeg, Edith Archibald (Winnipeg General Hospital, 1925), to S. L. Hanson.

**ISEN—ARMSTRONG**—On May 31st, 1928, Emma Armstrong (Medicine Hat General Hospital, 1927), to Walter Isen.

**JONES—WHITTINGTON**—On March 31st, 1928, at Victoria, Doreen Whitting-ton (St. Joseph's Hospital, Victoria, 1927), to Dr. Aubrey H. Jones. At home—Tranquille, B.C.

**McCORMY—COLP**—On May 4th, 1928, at Yarmouth, N.S., Rhoda Kathleen Colp of Beach Meadows, to Jack G. McCorry.

**MILLER—FISHER**—On June 2nd, 1928, in Toronto, Evelyn Fisher (Toronto Western Hospital, 1925), to Dr. James McGregor Miller, of Moose Jaw, Sask.

**OWEN—McBAIN**—On May 15th, 1928, Marion McBain (Winnipeg General Hospital, 1925), to David Owen.

**SCOTT—AITCHISON**—Recently, at Clif-ford, Ont., Jean E. Aitchison (Grace Hospital, Toronto, 1923), to Donald C. Scott. At Home—Westhill, Ont.

**SHADFORTH—ROBERTS**—On April 11th, 1928, at Victoria, Isabell Roberts (St. Joseph's Hospital, Victoria, 1924), to Bernard Shadforth. At home—Van-couver.

**SHIPLEY—TATE**—On May 31st, 1928, Ethel Clarke (Regina General Hospital), to L. Shipley.

**WASTELL—McCOSKIE**—On June 9th, 1928, at Victoria, Emma McCloskie (St. Joseph's Hospital, Victoria, 1920), to Frederick Wastell. At home—Alert Bay, B.C.

**WELCH—POWELL**—On June 1st, 1928, at Victoria, Anne Powell (St. Joseph's Hospital, Victoria, 1927), to John Welch. At home—Victoria.

**DEATHS**

**SCOTT**—On May 25th, 1928, at Roblin, Manitoba, Mrs. W. Scott (N/S Robertha Livingstone, Lewisham General Hospi-tal, London, England, 1910, and member of the Public Health Nursing Staff, Manitoba, 1919-1921).

**RESEARCH IN INFANTILE PARALYSIS**

Infantile paralysis, which terrible in its after-effects, presents one of the most urgent and difficult problems confronted by modern preventive medicine, will be the object of a concerted three-year attack launched recently by an interna-tional group of scientists seeking for its prevention.

This announcement was made public by Dr. William H. Park, chairman of the International Committee for the study of Infantile Paralysis, who said that Jere-miah Milbank, of New York, had given \$250,000 for the work.

Participating in the researches are Chicago, Columbia, Harvard and New York Universities in this country, and the University of Brussels and The Lister Institute of London. The committee hopes as work progresses to enlist the co-operation of still other institutions and laboratories both here and abroad.

"Whether or not the virus of poliomyel-itis can be isolated and grown and utilized for an antiserum vaccine, is a question of doubt," said Dr. Park, "but we are hopeful that something may be accom-

plished. At any rate, such practical questions as the value of convalescent serum, the methods by which the disease spreads and means for its prevention can be partly or wholly solved, and some practical results be attained to prevent the disease which has killed or maimed thousands in the last decade.

"Mr. Milbank's grant will be made available to the various institutions which are to co-operate with the committee. Each university and laboratory will have absolute freedom in carrying on its in-vestigations, but the results, studied and co-ordinated by the committee, will re-present a joint piece of work, each in-stitution contributing what it is best fitted for."

Little has been discovered about the prevention and control of infantile paralysis, in spite of the immense amount of study which has been given to the problem. There is no periodicity to re-currences of the disease which is both endemic and epidemic. The death rate from poliomyelitis was higher in 1927 than during any year since the epidemic of 1916.

## ADDRESS WANTED

The secretary of the Canadian Nurses Association recently received from the Consul General of the Kingdom of the Serbs, Croats and Slovenes, Montreal, a letter of inquiry re the address or whereabouts of Miss E. Chadwick. A diploma has been awarded to Miss Chadwick by His Majesty Alexander I, King of the Serbs, Croats and Slovenes, for aiding the wounded and sick in the wars of 1914-1920. Miss Chadwick had given her ad-

dress as London, but from information received it is understood that she is now residing somewhere in Canada, address unknown. Anyone who is able to give Miss Chadwick's present address is asked to kindly send that information to:

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Editor and Business Manager: **JEAN S. WILSON, Reg.N.**

Subscriptions \$2.00 a year; single copies 20 cents. Club rates: Thirty or more subscriptions \$1.75 each, if names, addresses and money are sent in at one time by one member of a federated association. Combined annual subscription with The American Journal of Nursing \$4.75. All cheques or money orders to be made payable to The Canadian Nurse. Changes of address should reach the office by the 20th of each month. In sending in changes of address, both the new and old address should be given. News items should be received at the office by the 12th of each month. Advertising rates and data furnished on request. All correspondence to be addressed to 511 Boyd Building, Winnipeg, Man.

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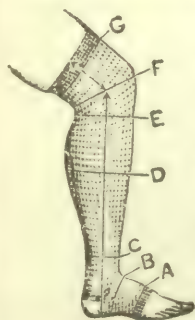
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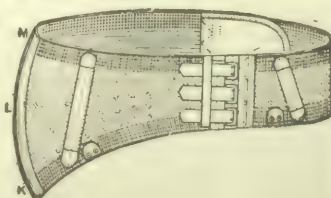


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# The Canadian Nurse

A Monthly Journal for the Nurses of Canada  
Published by the Canadian Nurses Association

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Vol. XXIV.	WINNIPEG, MAN., AUGUST, 1928	No. 8
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Registered at Ottawa, Canada, as second-class matter

Entered as second-class matter March 19th, 1905, at the Post Office, Buffalo, N.Y., under the Act of Congress, March 3rd, 1897

Editor and Business Manager:—  
JEAN S. WILSON, Reg. N., 511 Boyd Building, Winnipeg, Man.

## AUGUST, 1928

CONTENTS	PAGE
CANADIAN NURSES ASSOCIATION, FOURTEENTH GENERAL MEETING - -	395
TRADITION IN ENGLISH NURSING - - - - Ruth M. Hallows	420
MENTAL HYGIENE AND NURSING - - - - Dr. A. T. Mathers	425
PUBLIC SUPPORT OF NURSING SERVICES - - - - Mabel Finch	431
BOOK REVIEWS - - - - -	436
NEWS NOTES - - - - -	437
OFFICIAL DIRECTORY - - - - -	445

# Canadian Nurses Association

## *Fourteenth General Meeting*

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The fourteenth general meeting of the Canadian Nurses Association will be held long in memory by those delegates and visiting members who from July 3rd to 7th, 1928, were the guests of the Manitoba Association of Graduate Nurses. "Lavish" best describes the generous hospitality which continued throughout the week, and which permitted the visitors to see Winnipeg's hospitals, beautiful parks and residential districts. Possibly the drive to Lower Fort Garry, with high tea on the broad screened porch of the old residence within the Fort, will be remembered as the greatest attraction of all. The visit to the Fort and brief account of its history made the visitors realize that fifty years ago, or less, the early settlers sometimes found it necessary to seek protection for themselves and their families within the fortification, which today stands in the midst of a peaceful and prosperous country.

The formal meeting on the evening of July 3rd was open to the public. Following the invocation offered by Rev. Capt. William Robertson the Association was welcomed by representatives of the City of Winnipeg, the Province of Manitoba, the Manitoba Medical Association and the hostess organization. Miss M. F. Gray replied to these welcomes. The chairmen of the three national sections, Miss Jean I. Gunn (Nursing Education), Miss Elizabeth L. Smellie (Public Health), and Miss Emma Hamilton (Private Duty), then briefly outlined the accomplishments and aims of their respective sections. Prof. R. C. Wallace, of the University of Manitoba, gave an interesting, informative, and thrilling address on the health and social needs of the northern parts of the Prairie Provinces. The

nurses of Canada were most fortunate in having Professor Wallace speak on this subject as he is most familiar with the northern country.

The evening was made still more pleasant by the entertainment provided by the Nurses' Glee Club, of the Winnipeg General Hospital. The Club, which was organized several years ago, consists of student nurses, who showed by their singing that the inclusion of such a Club in a school for nurses is well worth while.

Again, on Thursday evening, July 5th, a public meeting was held, when Miss Ruth M. Hallowes and Dr. A. T. Mathers addressed a large audience.

Miss Ruth M. Hallowes, M.A. (Oxon.), S.R.N., and a graduate of St. Thomas's Hospital, London, England, was the guest of the Canadian nurses during the week of the convention. On Thursday evening, Miss Hallowes, in an interesting address on "Tradition in English Nursing," carried the audience from the days of the eleventh century when, at York Cathedral, many pilgrims ill unto death sought the ministrations dispensed at the Cathedral, to the present century, where at this same Cathedral there is now kept an Honour Roll containing the names of 1,300 nurses whose lives were given during the Great War. Miss Hallowes' paper is published in this number of "The Canadian Nurse." Dr. Mathers' subject was "Mental Hygiene and the Nursing." Dr. Mathers, who is Provincial Psychiatrist for Manitoba, presented his subject in a most admirable manner, showing that in the future development of nursing Mental Hygiene should receive more careful study and attention from those interested in the welfare of the public,



and in the education and training of nurses. The paper on "Mental Hygiene" is published in this number.

\* \* \* \*

The first business session was called to order at 11 a.m. on Tuesday, July 3rd, with Miss Mabel F. Gray, acting president, in the chair.

Following the call to order, and its being resolved "That the minutes of the last general meeting be taken as read," the acting president addressed the assembly.

#### ADDRESS, ACTING PRESIDENT

This meeting cannot be opened with other than a note of sadness when we think of our late President, Flora Madeline Shaw, whom you had chosen to guide the activities of the Association during the past two years. I cannot more fittingly express the honour in which her memory is held, and our sense of loss, than by reading the resolution passed by your Executive Committee in Montreal on October 27th, 1927:—

"That the members of the Canadian Nurses Association desire to place on record their appreciation of the great contribution which Miss Shaw made to the nursing profession in Canada. Her qualities of leadership, high ideals and noble Christian character have made her honoured and beloved, and her loyal service and help can never be forgotten by all who have been associated with her for so many years."

Another well-known Canadian nurse who has passed on is Miss S. E. Young, late of the Montreal General Hospital. She was another whose kindly and generous nature and even temperament had endeared her to us all. Others, more prominent in provincial than in national affairs, have left our midst.

Our members who have attended meetings of the International Council of Nurses, or the International Congress in Helsingfors, have a sense of personal loss in the death of Baroness Sophie Mannerheim of Finland, while through her published words we all feel we have known her, and all mourn her loss. Another international leader who has gone is Sister Agnes Karl, of Germany. The mem-

ory of these sister nurses brings a feeling of sorrow that we shall not again meet them here; but the larger thought is one of thankfulness and joy that such splendid women have been members of our profession, and we are filled with a determination to carry on their work.

So I meet you today, having picked up as well as possible the threads of another's plans. The special activities of the Association have all been carried on by special committees, each one of which will make a detailed report of their work. Any lengthy remarks from the chair would therefore be only a repetition. A brief reference, however, to each may perhaps be permitted. These special committees have very important reports to present to you.

(1) The proposed "Study of Nursing," if put into effect, will undoubtedly have very far-reaching results: the very fact that a joint committee composed of members of the Canadian Medical Association and Canadian Nurses Association have met to discuss nursing problems is in itself of importance.

(2) The "Enrolment under the Red Cross," if thoughtfully carried out by our members, each one of whom fully realizes the responsibilities she has undertaken, will undoubtedly be the means of saving many valuable lives when the emergency arises, here or there, where nurses are needed by the Red Cross or by the Department of National Defence.

(3) The "Plans for the International Congress of Nurses" in Montreal in July next must be completed at once. What are you, and the societies you represent, doing to help? Much of the burden must necessarily fall upon a few: Montreal was chosen by us as the place of meeting and already Montreal nurses are busy. What shall we do to help?

(4) The "Suggested Re-organization in our Plan of Membership": if this goes into effect and membership in the Canadian Nurses Associa-

tion is to be held only through the provincial organizations, how shall we arrange for the largest possible provincial membership and how shall we finance our activities? The financial calls are not greater than the average nurse can bear: it is chiefly a matter of organization to equably divide the load.

Lastly, a problem that is always with us, is that of our National Office and our journal. Are we making the best use of each, and are we doing our share to make both of service to others? I know that our secretary will invite every nurse to visit our National Office, and I most sincerely trust that no one will leave the city without making a visit. In a short time it will be impossible for you to form much idea of the activities, but having spent many hours there during the past week, I congratulate our secretary and her staff upon the excellent organization of every branch of the work, and were any such assurance necessary it is indeed a pleasure to report to you on the careful organization of our office. I feel, however, that many could make helpful suggestions to the secretary as to what their organizations need and could send to her material which would help others. We are not building for the future alone: we are building for today. The financial affairs of the journal will be discussed in detail, and I hope some policy will be adopted which will place the journal upon a more satisfactory business basis.

May I offer a word of explanation in regard to a motion submitted to you from the Executive Committee regarding the disposal of surplus Memorial funds. In the official minutes of the 1921 general meeting there is no mention of the financial objective decided upon for the Nurses' Memorial, but the stenographer's notes contain the following motion, with the names of the mover and seconder, and the note that the motion carried, this motion covering the

objective and also the disposal of any surplus funds:—

“That the objective of the Memorial be \$50,000, and any funds left over be given to the provincial associations as a nucleus for their memorials.”

If this motion should form a part of the official minutes of the 1921 meeting, the intention of the Executive Committee in submitting recommendations as to the disposal of the surplus funds was not, I am sure, to suggest that such a motion should be rescinded or such an agreement disregarded, but with the thought that, if plans for provincial memorials have been dropped, the Associations might wish to waive their right to this fund and to devote the whole sum to some special purpose, such as one or other of the suggestions made by the Memorial Committee: some cause worthy to be considered as another fitting memorial to the nurses who lost their lives in the Great War.

One of the great difficulties which is always with us is that of our very scattered membership: even on the Executive Committee some sixty members have served at some time during the past two years. While executive meetings have been held in Ottawa, Montreal, Toronto, Vancouver and Winnipeg, only a small proportion of the executive members have been present at any executive meeting. How can our executive members more fully realize their responsibility, and how more fully participate? In our profession, as in other professions and as in commerce, we are very dependent upon each other. How can we sufficiently stress our inter-dependence and how more fully co-operate?

May I say just a word to delegates? You realize our division into sections for the discussion of special problems, but also that we come together again in general session to discuss any resolution affecting the interests of all. Every general session of the Association is therefore of special importance, and we look to you to interpret to your organizations the spirit of



this meeting. In extending a welcome to members and delegates present for the first time at a meeting of the Canadian Nurses Association, all such members are invited to participate freely in discussion: in voting upon matters which have been submitted to the federated organizations, only official delegates may vote.

The following motion was then passed unanimously: "That the motion as contained in the stenographer's report be recognized, and the minutes of the 1921 meeting be amended to include it."

Miss Ruth M. Hallowes, M.A., S.R.N., was then introduced to the assembly by the acting president, Miss M. F. Gray.

#### REPORT OF THE HONORARY SECRETARY

As you will receive directly the report of the executive secretary in which all of the secretarial work of the Association will be incorporated, it is unnecessary for me to report further.

HELEN S. BUCK,  
Honorary Secretary.

#### REPORT, EXECUTIVE SECRETARY

Before passing to the general matters to be covered by my report I would like to make reference to our late president, Miss Flora Madeline Shaw, whose unexpected death was not only a great personal loss to many of us, but also a loss to the whole nursing profession.

Those present today who were in attendance at the closing session of the last general meeting will recall the evident happiness with which Miss Shaw expressed her appreciation of the honour bestowed on her when elected, by acclamation, president of the Canadian Nurses Association. Miss Shaw was a charter member of the Association and its first secretary-treasurer, serving for a period of three years. She was president of the Canadian Association of Nursing Education when, in 1924, that society consummated plans for amalgamation with the Canadian Nurses Association. From then until her election

as president of the Canadian Nurses Association Miss Shaw was chairman of the National Section of Nursing Education.

Many messages were received at the National Office when nurses throughout the world learned that a year from the day she became president Miss Shaw had passed away while on her return from the Interim Conference of the International Council of Nurses, which she attended as the representative of the C.N.A.

The acting president has most fittingly referred to Miss Shaw's many excellent qualities of character and professional ability. Those most closely associated with her realize that if she had been permitted to leave a last message it would have been one full of hope and optimism for the future of the profession.

\* \* \* \*

As executive secretary I have the honour to present the following report:—

#### ADMINISTRATION

The National Office was moved into larger quarters on January 1st, 1927. The office is 150 sq. ft. larger than the one in which the National Office was opened in 1923. The present rent is at the rate of 2½ cents per sq. ft. *less* than formerly.

An increasing volume of work has been carried on. An average of 150 individual letters are sent out monthly, in addition to a large number of circular letters to the Executive Committee and federated associations. The majority of these individual letters are addressed to nursing and other professional organizations and institutions, individual nurses, educational institutions and philanthropic organizations in Canada and a few in other countries, as:

The International Council of Nurses.  
National organizations of nurses in other countries.  
State Boards of Examiners and Universities in the U.S.A.  
International Catholic Guild for Nurses.  
American Hospitals Associations.

## Federal Government:

Department of Labour.  
Division of Child Welfare.  
Civil Service Commission of Canada.  
Department of Agriculture (Dairy Division), etc.

Canadian Medical Association.  
Canadian Red Cross Society.  
Canadian Anti-Tuberculosis Association.  
Canadian Council on Mental Hygiene.  
Universities in Canada.  
Metropolitan Life Insurance Co.  
National Council of Women.  
Canadian Council on Child Welfare.

Ten (10) circular letters were addressed to the federated associations and seven additional letters to the provincial associations only. Two of these related specifically to *The Canadian Nurse*.

Other subjects referred to the Associations were the Congress, International Council of Nurses, 1929; the International Press Exhibition at Cologne, Germany; the Joint Conference on Nursing; the reports from the special committees appointed to study (1) the question of the pooling of travelling expenses of delegates; (2) the question of dual affiliation in the Canadian Nurses Association; (3) the National Enrolment of Nurses; and resolutions, nominations and reports for the biennial meeting, 1928.

Correspondence sent in reply to requests for information related to:

Membership in the C.N.A.  
Registration of nurses.  
Registration examinations for nurses.  
Post-graduate courses for nurses.  
University courses for nurses.  
Text books for nurses.  
Hospitals in Canada.  
History of nursing in Canada.  
Training schools for nurses.  
Hours of duty for private duty nurses in hospitals.  
Lists of accredited schools for nurses.  
Lists of provincial secretaries and registrars.  
Addresses of organizations and nursing journals in other countries.  
Canadian Red Cross Society and Nursing Service.  
The Grenfell Mission.  
Canadian Mental Hygiene Council.

Many requests for information on numerous related subjects have been received. In each case information was forwarded or the request referred to the proper source for reply.

Contacts have been established between institutions from which requests were received for assistance in obtaining nurses to fill vacancies on their staffs, and individual nurses.

In November, 1926, after conferring with the president, the executive secretary engaged a second assistant, one qualified as a bookkeeper. The major portion of this assistant's time is devoted to *The Canadian Nurse*, while the greater part of the first assistant's time is devoted to stenography and filing for both offices.

An undertaking commenced almost four years ago is progressing slowly: this is the preparation of a card index to the contents of *The Canadian Nurse*. This index is arranged under two headings, i.e., title and name of author. All that has been accomplished at the present time covers the years 1924, 1925, 1926, and part of 1927. It is hoped that at some time all volumes of *The Canadian Nurse* will be so indexed.

Also, it is desired that a greater variety of information could be on record. Various difficulties present themselves—one being the difficulties arising when seeking sources of information. Another, and a by no means negligible one, is that such a large part of the executive secretary's time must be devoted to *The Canadian Nurse*, the undertakings of the organization are somewhat handicapped relative to the development of the National Office in its various departments.

## EXECUTIVE MEETINGS

Your executive have held ten meetings; one in Ottawa at the close of the biennial meeting, 1926; four in Montreal; three in Winnipeg, and one each in Toronto and Vancouver. A copy of the call for meeting, with agenda for the same, and a copy of the minutes of each meeting, were forwarded to each member of the executive (45 in number).

At the first meeting held the executive appointed conveners and members to special committees as instructed by the delegates in general



meeting, 1926. In the interim two other special committees were appointed:

1. To study the question of Dual Membership in the C.N.A.

2. To study nursing conditions in Canada.

\* \* \* \*

In November, 1927, your executive secretary was invited to attend the annual meeting of the Alberta Association of Registered Nurses.

In February, 1928, the National Office completed its first five years. Those who may find it convenient to visit the headquarters of the Association during the present week will be heartily welcomed. They will find the office larger than the one opened in February, 1923, where the work was carried on until January, 1927.

The present arrangement whereby one member of the C.N.A. is responsible for the dual activities at the National Office cannot be regarded as satisfactory. Both offices—that of executive secretary and editor—are most interesting and of equal importance. It is therefore difficult for one individual to give both due attention, as well as manage so that the work of one does not intrude on the other.

#### WITHDRAWALS FROM MEMBERSHIP

Since the biennial meeting, 1926, the following associations have withdrawn from membership:

1. District No. 10 Registered Nurses Association of Ontario.

2. Florence Nightingale Association of Ottawa.

3. Florence Nightingale Association of Toronto.

#### APPLICATIONS FOR MEMBERSHIP

The executive committee submit to this meeting for ratification the following applications for membership:

1. Alumnae Association, Regina General Hospital.

2. Alumnae Association, Brantford General Hospital.

#### NOMINATIONS

Nomination forms were mailed to the federated associations early in

October, 1927. Returns received on the date designated in the by-laws amounted to forty-eight per cent. (48%) of the number sent out.

The ticket of nomination was sent to each association and was published in the May number of *The Canadian Nurse*.

#### RESIGNATION OF OFFICERS

In 1926 the chairman of the Private Duty Section resigned from that office, and in 1927 the chairman of the Nursing Education Section found it necessary to present her resignation. With the approval of the executive these sections appointed the vice-chairman to the office of chairman.

#### INTERNATIONAL COUNCIL OF NURSES

Early in 1927 our late president received a letter from the secretary, International Council of Nurses, stating that the Nurses Association of China had found it necessary to withdraw their invitation for the congress to meet in China in 1929, as arranged in 1925. The president was asked if the Canadian Nurses Association would care to issue an invitation to the Council in Interim Conference in July, 1927, to hold the congress in Canada in 1929.

A questionnaire was prepared and sent to the members of the executive and federated associations to learn if they wished the C.N.A. to extend the invitation and if so to suggest the place and date of meeting preferred. The returned questionnaires showed that all were unanimous in having the invitation presented. The majority favoured Montreal as the place of meeting, in the month of June.

The president carried this invitation to the Council in meeting in Geneva during the last week of July, 1927. The Council very graciously accepted the invitation and the suggestion that the congress be held in Montreal, the date of meeting being tentatively fixed for a date between July 25th and August 25th, 1929. The date now decided on is the week commencing July 8th, 1929.

Our president represented the C.N.A. at this Interim Conference and six other nurses from Canada were in attendance: several participating in the programme.

The Canadian Nurses Association is indebted to various institutions and organizations in Canada for assistance in providing material for the International Exhibit (1927).

#### COMMITTEE ON ARRANGEMENTS, I.C.N. CONGRESS, 1929

According to a by-law of the International Council of Nurses the committee on arrangements is appointed from members of the hostess organization, with the president of that body as convener. The members of that committee are: Miss M. F. Hersey, Montreal (acting convener); Misses E. B. Hurley and M. K. Holt (Montreal); Miss E. L. Smellie (Ottawa) and Miss Jean E. Browne (Toronto). The committee has already submitted some plans to the federated associations. Later, during this meeting, further information will be received from the committee.

The International Secretary notified the Association that the Council had been requested to participate in the International Press Exhibition which is being held in Cologne, Germany. Copies of *The Canadian Nurse* and A Brief History of the Canadian Nurses Association, together with the requested information, were sent for this exhibit.

#### NATIONAL COUNCIL OF WOMEN

The Association has been represented at annual and executive meetings of the National Council of Women in Canada. Members acting as representatives at one or more of these meetings have been the late president (Miss M. F. Shaw), Miss E. H. Dyke, Miss E. L. Smellie, Miss G. M. Bennett.

Ten copies of the annual report of the Council for 1927 were received at the National Office. A copy was sent to the secretary of each provincial association.

Miss Dyke and Miss Cryderman were appointed members from the C.N.A. to the special committee on maternity bonuses of the Council.

Miss Emily Maxwell represented the C.N.A. on the special committee of the National Council of Women in Canada in the League of Nations Society in Canada.

\* \* \* \*

At the annual meeting of the Canadian Council on Child Welfare held in Vancouver and Victoria in 1927, Miss Meta Hodge and Miss Bertha Hall acted as delegates for the C.N.A.

\* \* \* \*

The Canadian Council on Social Hygiene invited the C.N.A. to send a representative to the annual meeting, 1928, held recently in Toronto. Miss Florence Emory attended that meeting as the representative of the C.N.A.

\* \* \* \*

A number of Canadian nurses attended the first Canadian Conference on Social Work, held in Montreal in April, 1928. We are indebted to Miss Kathleen D. G. King for a report of the conference for publication in *The Canadian Nurse*.

#### ARCHIVES

The sale of A Brief History of the Canadian Nurses Association, published in 1926, amounts to almost 75 per cent. of the total number published. The History is a record of the Association from organization in 1908 to the general meeting, 1924.

In 1927 a copy of the etching of the Memorial Panel was presented to the National Office by the National Memorial Committee, and Miss Mary Jones, matron of Liverpool Infirmary, presented the Association with a beautiful photograph of the Lady Chapel, Liverpool Cathedral, where, on September 1st, 1927, a very impressive memorial service was held for our late president, Miss Flora Madeline Shaw.

JEAN S. WILSON,  
Executive Secretary.



AUDITORS' REPORT C.N.A.

GILBERT & LAIRD  
CHARTERED ACCOUNTANTS  
WINNIPEG

March 11th, 1927.

The President and Executive of  
The Canadian Nurses Association.  
Mesdames:

As requested, I have audited your Association's accounts for the period from last statement—May 31st, 1926, to the end of that year, 7 months—and submit statements of Receipts and Disbursements and of Revenue and Expenses, applicable to that period.

The Royal Bank, Portage and Carlton Branch, certifies to the amount on hand with them in both Current and Savings accounts.

Not covering a full year's activities, it is impossible to make any comparisons as to Revenue and Expenses with previous periods;

the seven months show much greater expense than revenue and the assets are consequently reduced by nearly \$1,600.00 from the amount shown at May 31st, 1926. The latter consist of the cash on hand, the Government Bonds at the same figure as last year, the office furniture, and the copies of History of C.N.A. still on hand.

Subject to the above remarks, I certify that the accompanying Statements of Receipts and Disbursements and of Revenue and Expenses, are taken from and are in agreement with your records, and in my opinion, represent correctly the financial position of your Association at December 31st, 1926, and the results of your activities for the seven months ended that date, in so far as they are revealed by your records and from information furnished to me.

Yours truly,  
FRED. C. GILBERT.

THE CANADIAN NURSES ASSOCIATION

RECEIPTS AND DISBURSEMENTS

JUNE 1st TO DECEMBER 31st, 1926

RECEIPTS

1926			
May 31—Cash on Hand in Royal Bank:—			
Current Account, less outstanding cheques.....		\$ 726.42	
Savings Account.....		2,923.35	
			\$ 3,649.77
Dec. 31—Affiliation Fees and Levy received (seven months).....		\$ 817.50	
Interest on Government Bonds.....	\$ 45.00		
Interest on Savings Account.....	36.10		
			81.10
Exchange added to cheques.....	\$ 2.89		
"Canadian Nurse," re Rent, Light, etc.....	199.90		
Sale of I.C.N. Reports.....	10.55		
I.C.N. Subscriptions.....	19.00		
Sale of History of Nursing.....	571.50		
Western G.N. Associations re Dame Maud McCarthy's expenses.....	224.00		
		1,027.84	
			\$ 1,926.44
			\$ 5,576.21

DISBURSEMENTS

General Expenses Paid.....		\$ 2,721.18	
Office Furniture Purchases.....	\$ 82.50		
Grants and Fees.....	80.00		
History C.N.A.....	643.13		
			805.63
Remittance re I.C.N. subscriptions.....			19.00
Dame Maud McCarthy's Western Trip.....			283.45
			\$ 3,829.26
Cash in Royal Bank:—			
Current Account.....	902.06		
Savings Account.....	844.89		
		\$ 1,746.95	
			\$ 5,576.21

MEMO OF ASSETS

Office Furniture and Equipment as per Statement May 31st, 1926.....	\$ 343.27		
Added during year.....	82.50		
		\$ 425.77	
Written off for Depreciation, 7 months at 10%.....		24.87	
			\$ 400.90
627 copies of History of C.N.A. on Hand.....		206.91	
Cash in Bank as above.....		1,746.95	
Government Bonds at Cost.....		1,930.75	
			\$ 4,285.51

## REVENUE AND EXPENSES

SEVEN MONTHS ENDED DECEMBER 31, 1926

REVENUE		
Affiliation Fees and Levy		\$ 817.50
Bank and Bond Interest		81.10
		<u>\$ 898.60</u>
EXPENSES		
Salaries		\$ 1,527.50
Rent, Light, Telephone	\$ 288.50	
Less Received from "The Canadian Nurse"	199.90	
		88.60
Printing and Stationery	186.86	
Sundry, Office, Postage, Telegrams, etc.	140.08	
Audit Fee	20.00	
Exchange Paid	5.21	
		352.15
Convention and Travelling Expenses		553.03
Dame Maud McCarthy's Western Trip	\$ 283.45	
Less Received on account of same	224.00	
		59.45
Grant and Fees		80.00
Depreciation on Office Furniture		24.87
		<u>2,685.60</u>
Less Revenue as above		898.60
LOSS FOR PERIOD		<u>\$ 1,787.00</u>

GILBERT & LAIRD  
CHARTERED ACCOUNTANTS  
WINNIPEG

January 10th, 1928.

The President and Executive of  
The Canadian Nurses Association.  
Mesdames:

Herewith I submit Statements of Receipts and Disbursements from January 1st to December 31st, 1927. Memo of Assets as at the latter date and Revenue and Expense Accounts for the twelve months period. These Statements were prepared from your books after my audit of same.

The Royal Bank, Portage and Carlton Branch, have certified to the balances with them in Current and Savings Accounts, and

I have again seen the \$2,000.00 of Dominion Government Bonds in the Safety Deposit Box.

The cash on hand is \$300.00 more than a year ago, and total assets about \$230.00 greater. The revenue slightly exceeded the expenses, although the latter included \$1,200.00 to "The Canadian Nurse."

Subject to the above remarks, I certify that the Cash Statements herewith are properly prepared from your books and, in my opinion, represent correctly your transactions for the year ended December 31st, 1927, as revealed by the books and from information furnished to me.

Yours truly,

FRED. C. GILBERT,  
Chartered Accountant.

## THE CANADIAN NURSES ASSOCIATION

## RECEIPTS AND DISBURSEMENTS, JANUARY 1st TO DECEMBER 31st, 1927

## RECEIPTS

1926			
Dec. 31—To Cash on Hand in Royal Bank:—			
Current Account	\$ 902.06		
Savings Account	844.89		
		\$ 1,746.95	
			\$ 1,746.95
1927			
Dec. 31—Fees Received—Twelve months		\$ 5,788.50	
Interest on Government Bonds	90.00		
Interest on Savings Account Balances	88.62		
		178.62	
Exchange added to cheque	\$ 4.90		
"Canadian Nurse" for Rent, Light, etc.	376.50		
Sale of I.C.N. Reports	1.00		
Sale of History of Nursing	111.00		
Sundry	12.00		
		505.40	
			6,472.52
			<u>\$ 8,219.47</u>

## DISBURSEMENTS

General Expenses	\$ 3,941.03	
Grants and Fees	2,155.00	
History C.N.A.	27.98	
Refunds, etc.	30.10	
		58.08
		<u>\$ 6,154.11</u>
Dec. 31—Cash in Royal Bank:—		
Current Account	\$ 456.70	
Savings Account	1,608.66	
		2,065.36
		<u>\$ 8,219.47</u>



## MEMO OF ASSETS

Office Furniture as per December 31st, 1926.....	\$ 400.90
Less Depreciation, 10%.....	40.10
	<hr/>
History of C.N.A. on Hand, 521 copies.....	\$ 360.80
Cash in Bank as above.....	171.93
Government Bonds (\$2,000.00 par) at cost.....	2,065.36
	<hr/>
	1,930.75
	<hr/>
	\$ 4,528.84

## REVENUE AND EXPENSES

## TWELVE MONTHS ENDED DECEMBER 31, 1927

## REVENUE

Affiliation Fees.....	\$ 5,783.50
Bank and Bond Interest.....	178.62
Sundry Revenue.....	76.07
	<hr/>
	\$ 6,043.19

## EXPENSES

Salaries.....	\$ 2,250.00
Rent, Light and Telephone.....	\$ 750.00
Less received from "Canadian Nurse".....	376.50
	<hr/>
	373.50
Printing and Stationery.....	\$ 103.67
Petty Cash, Postage, Telegrams, etc.....	138.07
Audit Fee.....	17.50
Insurance Premiums.....	5.10
	<hr/>
	264.34
Exchange Paid.....	\$ 10.69
Less Received.....	4.90
	<hr/>
	5.79
Travelling and Convention Expenses.....	666.15
Grants and Fees:—	
"Canadian Nurse".....	\$ 1,200.00
Depts. of Association.....	450.00
International Council.....	500.00
C.C.C. Welfare.....	5.00
	<hr/>
	2,155.00
	<hr/>
	5,714.78
NET SURPLUS FOR PERIOD.....	<hr/>
	\$ 328.41

RESOLUTIONS COMMITTEE, appointed by the Chair: Misses Edith C. Rayside, Mabel K. Holt and Maude Retallick.

SCRUTINEERS, appointed by the Chair: Misses Catherine Ferguson and Henrietta A. MacKay.

The status of federated associations in arrears with affiliation fees was discussed and the following motion carried: "That since no notification concerning voting privileges has been sent to affiliated organizations which are in arrears in fees, that all organizations represented at this meeting be allowed to vote. That the Executive Committee be asked to draft a clause covering the voting privileges of organizations, and submit this amendment to the Constitution and By-Laws of the Canadian Nurses Association at the next biennial meeting."

Forty-eight official delegates responded to the roll call, representing thirty-two federated organizations.

The provincial associations were all well represented.

The ticket of nomination presented by the executive secretary was then accepted.

## REPORT OF MEMBERSHIP COMMITTEE

Two applications for membership in the Canadian Nurses Association were forwarded to the Membership Committee for consideration:

Regina General Hospital Alumnae Association, Regina, Sask.

Brantford General Hospital Alumnae Association, Brantford, Ont.

The Constitution and By-Laws of the Association were in each case carefully considered by your Committee and a recommendation for approval of the application was in each instance forwarded to the Executive Committee for their consideration.

No further business was transacted by the Committee.

E. MURIEL MCKEE,  
Convener.

This report was adopted and the action of the Executive Committee in accepting these two organizations into membership ratified.

## REPORT OF THE PROGRAMME COMMITTEE

The report of the Programme Committee is now in your hands as the printed programme for the fourteenth general meeting of the Canadian Nurses Association. The convener begs to give credit to the conveners of the three National Sections—Miss Gunn, of the Nursing Education Section; Miss Smellie, of the Public Health Section; and Miss Hamilton, of the Private Duty Section; for the arrangement of the programme for their respective sections, and to Miss Wells, president of the Manitoba Association of Graduate Nurses, and to our executive secretary, Miss Wilson, for the arrangement of the programme for the general sessions.

It is hoped that the members will consider the subjects selected for addresses, and for discussion all to be of outstanding importance, and will therefore feel that the week has been a profitable one. The Arrangements Committee of the hostess organization has permitted the inclusion of the programme of entertainment within the covers of the programme which is now submitted for your approval.

MABEL F. GRAY,  
Convener.

## REPORT OF THE PUBLICATIONS COMMITTEE

Miss Mabel F. Hersey, as convener, reported that the executive secretary had done any necessary work in connection with the Publications Committee.

## REPORT, DUAL AFFILIATION COMMITTEE

In response to a request from the Executive of the Canadian Nurses Association, dated May 25th, 1927, a committee consisting of provincial presidents was formed to study the problem of Dual Affiliation in the Canadian Nurses Association. After due consideration, your committee reports that—

1. Whereas 45% of the present membership of the national association is composed of affiliated organizations other than provincial associations.

2. And whereas the task undertaken by the organization in acting as hostess to the International Council of Nurses in 1929 is a prodigious one, it is recommended:

- (1) That membership through provincial associations only be the objective of the organization.
- (2) That the putting into operation of such a policy be delayed until the budget for the years 1930-1932 is prepared.
- (3) That in the interval the matter be given the most careful consideration of provincial associations, and an attempt made to obtain as members all those whose affiliation with the Canadian Nurses Association is through alumnae membership only.

Respectfully submitted on behalf of the Committee.

FLORENCE H. M. EMORY.

This report was discussed clause by clause. Recommendation No. 1 was adopted as read. Recommendation No. 2 was amended to read "That putting into operation of such a plan be delayed until further consideration of the plan at the next biennial meeting."—Carried unanimously. Recommendation No. 3 was amended to read "That in the interval the matter be given the most careful consideration of provincial associations and an attempt made to obtain as members all those whose affiliations with the Canadian Nurses Association is through organizations other than provincial organizations."—Carried. Further, it was decided that a committee on Dual Affiliation be continued.

## REPORT OF THE COMMITTEE TO STUDY AFFILIATION OF THE CANADIAN NURSES ASSOCIATION WITH THE CANADIAN MEDICAL ASSOCIATION.

Miss Gunn, as convener, reported this Committee has done nothing. It was thought best not to undertake anything further along the lines of affiliation until the study committee (on nursing) had been worked up, and that was to be sent to the secretary at the last meeting. It is considered this report should be tabled for the time being and brought up again later. It should not be dropped until some definite action has been taken.

This report was then adopted and the subject tabled.

## REPORT, STUDY COMMITTEE ON NURSING

The appointment of the Study Committee on Nursing of the C.M.A. and the C.N.A. was the result of a conference held in Toronto in June, 1927, of representatives from the C.M.A. and C.N.A., and some of the hospital executives of Canada. It was decided that the Committee was to be composed of three representatives from the C.M.A., three from the C.N.A., and one—a layman—representing Hospital Boards of Trustees. The representatives of the C.M.A. are: Dr. G. Stewart Cameron, Peterboro, chairman; Dr. A. T. Bazin, Montreal, and Dr. Duncan Graham, Toronto. The Executive of the C.N.A. appointed the following representatives: Miss Jean Gunn, Miss Kathleen Russell and Miss Jean Browne.

To provide funds for beginning the study the C.M.A. set apart a sum not exceeding \$300.00 for the year's work, and the Executive of the C.N.A. authorized an equal expenditure. As the expenses so far have been



kept at a minimum, it has not been necessary to call on the C.N.A. for financial assistance.

The Committee met early in September of last year, and after organizing, discussed the various points upon which study should be made, and also the different methods by which the study might be prosecuted. A sub-committee composed of the three representatives of the C.N.A. was appointed to draw up in detail a programme of the proposed study to be submitted at the next meeting. This was very carefully done, and was considered by the committee at a meeting early in October (see below). The unanimous view of the members present was that an effort should be made to consider the various points raised in the sub-committee's report, but that in order to do so, an independent investigation conducted by a person trained along sociological lines, should be secured. It was then decided that efforts should be made to enable us to begin this study. At a meeting held in Toronto in March (1928), we found that the various avenues through which we expected to secure money were closed to us. It was then decided that Dr. Bazin, while in New York, should interview the Carnegie Foundation with a view to securing from them the necessary financial assistance.

Early in May Dr. Bazin had an interview in New York with Mr. Keppel, president of the Carnegie Foundation. After a very careful survey of our problem, Mr. Keppel stated that our request was a very legitimate one, and he was in sympathy with it, but owing to the present exhaustion of funds available for Canada, he could not hold out any immediate prospect of help.

Your representatives on this Committee cannot speak in too high terms of the fairness shown by the doctors on this Committee. They have shown themselves anxious to get our point of view and to weigh carefully the points we brought up for discussion. We think, therefore, that the C.N.A. may have complete confidence in looking forward to a really scientific survey of nursing, which will be based on facts and not opinions.

The only obstacle is the lack of funds. We would suggest, therefore, that at the 1928 biennial meeting of the C.N.A., there should be a decision as to what financial assistance the C.N.A. will be prepared to give to the project. We have insisted on equality of status with the C.M.A. in this matter, and your representatives have insisted on the survey being done by an expert sociologist, if it is undertaken at all, but this equal status and the insistence on a scientific survey can only be maintained if we are willing to take an equal share of the financial obligations.

JEAN E. BROWNE,  
Secretary.

#### REPORT OF THE SUB-COMMITTEE OF THE C.M.A. AND THE C.N.A.

The report of the sub-committee is not a plan of study, but rather a suggested outline of the scope of various studies that will be

needed before final conclusions can be reached. It is not claimed that this is a complete statement, but it is hoped that it may serve as a basis of discussion for the whole committee.

#### 1. The Demand—

Studies to be made in selected communities concerning the kinds of nursing services wanted, the essential content of each kind, and the number needed in each of the following classifications:

- (1) Hospital nurses—graduate.
- (2) Hospital nurses—undergraduate (students).
- (3) Private duty nurses.
- (4) Practical nurses.
- (5) Public Health nurses.
- (6) Any others.

#### 2. The Supply—

The number of each of the following now on active service.

- (1) Hospital nurses—graduate.
- (2) Hospital nurses in training.
- (3) Private duty nurses.
- (4) Practical nurses.
- (5) Public Health nurses.
- (6) Any others.

The geographic distribution of present service in each group by exact figures and maps.

Comparative studies of demand and supply.

#### 3. Nursing and the Public—

- (1) The kind or kinds of nursing service required.
- (2) To what extent are the present types of nurses meeting the needs of the family?
- (3) What change in the character of the nursing service, if any, is sought by the family?
- (4) Study of the economic resources of the average family for nursing service.
- (5) Study of the community responsibility for the care of the sick.
- (6) Relationship between this service and other community services for which the cost is shared.

#### 4. Hospital Needs re Nursing—

Study of a selected group of:

- (1) General Hospitals, large, medium, small, very small.
- (2) Special Hospitals, large, medium, small, very small.

In regard to:

Number of nurses and other personnel employed.

Number of nurses and other personnel needed.

The present demands on the nurse for service other than bedside nursing in each of the above types of hospitals.

The essential content of the nurses work in hospital bedside nursing.

Strength of the present service or tendencies.

Weakness of the present service or tendencies.

The hospital private patient and nursing care.

Study of possibilities to relieve the nursing personnel of non-nursing duties.  
Study of the relation between the time spent by pupil nurses in the class room and the lack of nursing care on the wards.

#### 5. Private Duty Nurses and the Medical Profession—

Studies made in consultation with the medical profession concerning:

- (1) Source of supply of nurses, e.g., professional registry, hospital registry, commercial registry, and others.
- (2) Proportion of nurses satisfying needs of the case from the standpoint of the medical profession.
- (3) Proportion of nurses not satisfying the needs of the case from the standpoint of the medical profession.
- (4) Further studies of the cause of dissatisfaction.
- (5) Study of the demand for practical nurses.

#### 6. The Nurse—

- (1) The inducements of the profession.
- (2) The satisfactions of nursing.
- (3) The economic aspects:  
Average length of service.  
Average income of each branch.  
Average living expenses in each branch.  
Range of income in each branch.  
Length of service in relationship to income.  
Disabilities.  
Financial opportunities, such as insurance, etc.  
Cost and opportunity of post-graduate training.
- (4) Hours on duty.
- (5) Study of:  
Loss of nurses from the profession.  
Turnover within the profession.  
Extent of and reasons for emigration to the U.S.A.

#### 7. Nursing Education—

- (1) Hospital schools:  
Number of schools in general hospitals with number of pupils.  
Number of schools in special hospitals with number of pupils.  
Cost of the training school to the hospital.  
Evaluation of the work of the student nurse to the hospital.  
Comparative cost of nursing service to the hospitals not conducting training schools.  
Length of course.  
Hours on duty.
- (2) Preliminary education required in various types of schools.
- (3) Study of the curriculum from the standpoint of both theory and practice.
- (4) Study of the qualifications of the present teaching personnel.
- (5) Post graduate opportunities:  
(a) in hospitals  
(b) in universities.

#### 8. Study of the professional Registration Acts in Canada.

Discussion then took place re the amount of financial assistance possible for the Study of Nursing available from the Canadian Nurses Association, and the following motion carried: "That whereas a scientific survey of the nursing situation in Canada would tend to improve nursing in Canada, we as Canadian nurses should use our power toward raising a portion of the funds required, to the extent at least that every graduate nurse in Canada be asked to contribute at least one dollar to be applied to the sum required."

A further motion made effective was "That the Canadian Nurses Association urges a sum not less than \$10,000 be raised towards defraying expenses of proposed study of nursing."

#### REPORT RE POOLING OF TRAVELLING EXPENSES.

Miss Grace M. Fairley, convener

The Executive Committee presented the following recommendation to the general meeting: "That the consideration of a plan for the pooling of travelling expenses of delegates to general meetings be deferred until 1930."

This recommendation was accepted and the report tabled.

#### REPORT ON COMMITTEE ON NATIONAL ENROLMENT OF NURSES

Interim Report of Committee to arrange conferences between the Federal Government, the Canadian Red Cross Society, and the Canadian Nurses Association on the matter of enrolment of nurses for disaster or war.

**Note.**—Report submitted by the Executive Committee, C.N.A., for ratification by federated associations at biennial meeting, 1928.

At the biennial meeting held in Ottawa, 1926, the following motion, sent to the meeting by the Registered Nurses Association of Ontario, was on the agenda:—

That the Canadian Nurses Association approach the Canadian Red Cross with the recommendation that the Canadian Red Cross negotiate with the Federal Government to bring about a system of enrolment from which nurses would be appointed to military service when needed, and from which they might be called upon for emergency work in time of any national or provincial disaster.

After considerable discussion the following resolution was passed:

That a conference be arranged between the C.N.A., the Federal Government and the Canadian Red Cross Society to discuss the question of such an enrolment.



At a meeting of the executive following the general meeting, Miss Jean Browne was named as convener of a committee to give effect to this resolution. Miss Browne, in consultation with the president, asked Miss Gunn and Miss Dickson, past-presidents of the Association, to serve on this committee, and this they agreed to do.

A preliminary conference was arranged in Ottawa on January 20th, 1927, between Miss Shaw, president of the C.N.A., Colonel Jacques, Director-General Medical Services of the Dept. of National Defence, and Dr. J. L. Biggar, Chief Commissioner of the Canadian Red Cross Society.

The following is the memorandum sent to the chairman of the committee by the president following the conference:

Record of a conference between the Director-General of Medical Services, Deputy-Director General of Medical Services, Miss Shaw, president of the Canadian Nurses Association, and Dr. Biggar, Chief Commissioner of the Canadian Red Cross Society, January 20th, 1927.

The Canadian Nurses Association have under consideration the idea of a plan of enrolment of Registered Nurses, to be effected in co-operation with the Canadian Red Cross Society.

Nurses so enrolled would be known to be ready for emergency service, in case of war or disaster, the provincial divisions of the Red Cross co-operating with the provincial nurses associations to keep the enrolment accurate and up-to-date.

The National Office of the Nurses Association and that of the Red Cross Society would have ready for the Department of National Defence a complete list of nurses who have volunteered for emergency service, should the Department of National Defence require such a list at any time.

The following is a copy of a letter received by the president from Col. Jacques following this interview:

Dear Miss Shaw:

With reference to the conference which took place in the office of the Director-General of Medical Services, at which, in addition to yourself, Dr. Biggar (Chief Commissioner of the Canadian Red Cross Society), the Director-General of Medical Services and the Deputy Director-General of Medical Services were present:

I am now authorized to inform you that the scheme laid down at this conference has the full endorsement of the Department of National Defence.

When this work has been carried out, I personally feel a great deal will have been accomplished, and, should an emergency arise at any time in the future, the question of organization of the nursing services will be very much advanced by this plan.

Yours truly,

(Signed) H. M. JACQUES.

On March 24th the Committee met in Toronto, and the president came down from Montreal specially for it. It was felt by all the members of the Committee that no further steps could be taken until the feeling of the federated associations of the C.N.A. was ascertained, so the president was asked to bring the question of enrolment to the consideration of the federated associations, to supply them with the necessary information and to ascertain to what extent they would be willing to support a scheme of enrolment.

The following resolution was passed by the Committee:

That in the event of the assurance of the support of the majority of federated units of the C.N.A. the committee recommends to the Executive of the C.N.A. that a request be sent to the Canadian Red Cross Society asking for the formation of a Joint Committee, of which at least one half the members will be representatives appointed by the C.N.A. to deal with matters of enrolment.

In November, 1927, the replies of the federated units were sent to the chairman of the Committee. The chairman then consulted with Miss M. F. Gray, president of the Canadian Nurses Association. The following is an extract from Miss Gray's letter:

To me the replies seem sufficiently favourable to warrant further discussion with the Red Cross, with emphasis upon the point that the nurses would like to know how the original registration would be obtained. I think once they are assured that nursing registration standards would be safeguarded that they will then be prepared to leave to the Red Cross the annual re-registration and detailed follow-up necessary to ensure being in sufficiently close touch with the individual nurses to reach them in emergency.

On December 9th, 1927, a meeting of the committee was called and Dr. Biggar was asked to attend. The following tentative plans for enrolment were agreed upon:

- (1) That names of nurses wishing to enroll should be collected by the provincial nurses' associations and passed on to the provincial offices of the Canadian Red Cross Society after eligibility has been determined.
- (2) That eligibility should be determined by
  - (a) registration in any province of Canada;
  - (b) recommendation by the Executive of the provincial nurses association of the province in which the individual resides.
- (3) The Canadian Nurses Association would not be directly concerned in the enrolment of individuals, but would be represented by its members on the National Nurses Enrolment Committee of the Canadian Red Cross Society. This joint committee would be charged with the duty of working out detailed plans for the operation of the scheme.

The Committee submits the above report to the Canadian Nurses Association Executive for approval. If approved, it is recommended that it should be transmitted by the C.N.A. Executive to the Canadian Red Cross Society for consideration. If approved by the Canadian Red Cross Society, the Joint Committee should be appointed forthwith, so that a detailed scheme might be worked out as soon as possible.

JEAN E. BROWNE, Convener.

JEAN I. GUNN.

E. McP. DICKSON.

Addendum, June 6th, 1928: The Canadian Red Cross Society approves the plan and is ready to go ahead as soon as the C.N.A. is ready to appoint its members of the Joint Committee.

This report was received and the three recommendations contained therein adopted.

The following motion carried: "That the three nurse members who have served on this committee should be asked to continue to act, with power to add to their number, if necessary."

The Canadian Nurses Association had been invited by the Canadian Social Hygiene Council to send a representative to the annual meeting (1928) of the Council. Miss Florence H. M. Emory represented the Association, and the following report by Miss Emory was read by the executive secretary:

#### THE ANNUAL MEETING OF THE CANADIAN SOCIAL HYGIENE COUNCIL

The annual meeting of the Canadian Social Hygiene Council was held in Hygeia House, Toronto, on the afternoon of June 12th, 1928. New aims and objects adopted and resolutions passed by the meeting will have peculiar significance for members of the Canadian Nurses Association who are assisting in the work of the Council at various points throughout the Dominion.

##### (a) Aims and objects adopted:—

1. To undertake such measures as may be necessary to promote the public health, the control and elimination of communicable disease and the development of health education.
2. To undertake such measures as may be necessary to prevent, reduce or assist in the control of Venereal Diseases.
3. To promote such conditions of living, environment and personal conduct as may best protect the family as an institution.

4. To co-operate with all government agencies, and with the medical, dental and nursing professions in order to secure these ends.

##### (b) Resolutions passed:—

1. That the principle of periodic health examination be adopted.
2. That the principle of medical examination before marriage be adopted.
3. That the Canadian Social Hygiene Council expresses appreciation of the work of the Department of Health, Ottawa, in bringing forward such a comprehensive report on Maternal Mortality, and wishes to go on record as approving the work suggested in the improvement of maternal mortality rate and expresses the hope that all organizations concerned with this work bend every effort towards a substantial reduction in this rate during the coming year.

##### 4. Regarding the Medical Examination of Immigrants:

Whereas the tremendous cost of preventable disease in Canada has been a matter of constant concern to the members of this Council; and

Whereas its result is a continuous and as yet unappreciated burden on the taxpayers of Canada and a hindrance to the progress of the country;

And whereas failure to provide an adequate medical inspection of immigrants entering the country as citizens makes possible the development of problems which add materially to the already serious cost of such disease and retard the evolution of a programme in Canada calculated to build a people of the finest physical and mental calibre:

Therefore be it resolved that we express our appreciation of the efforts of the Dominion Department of Health to develop an adequate scheme of medical inspection of immigrants, and urge further education of the public to the end that they may appreciate the fact that if health authorities are properly supported in their efforts directed towards the selection of healthy immigrants as well as in their attempt to conserve the health of citizens already in the country, the greatest possible contribution towards the welfare of our country will be made.

Preceding adjournment representatives of other organizations attending the meeting were given an opportunity to extend greetings and to express satisfaction regarding the activities of a private organization which has made a distinctive contribution to the betterment of health conditions in Canada.

FLORENCE H. M. EMORY.

The general meeting received this report and expressed the wish that Miss Emory be thanked for the report.



THE CANADIAN NURSE:—The Auditor's statements for the years 1926 and 1927 were presented by the editor and business manager, as:

**GILBERT & LAIRD**  
CHARTERED ACCOUNTANTS  
WINNIPEG

March 8th, 1927.

The Canadian Nurse,  
Winnipeg.

Mesdames:

Herewith we submit Balance Sheet and Statement of Loss and Gain as taken from the books of account of "The Canadian Nurse" at Winnipeg, after our year-end audit and examination of same.

As usual, we have arrived at the amount of subscriptions paid and of Alumnae Association advertising paid in advance, leaving to the period only the revenue properly belonging to it.

The subscription revenue was about \$500.00 greater than for 1925, but that from advertising was over \$80.00 less. The publication costs were \$560.00 greater, so that the gross gain was about \$50.00 less.

The General Expenses were almost \$500.00 greater than for 1925, the increase being in

salaries. We note that part of Miss Wilson's was charged in 1926 to the periodical.

The final result is a net loss of nearly \$400.00 against a gain in 1925 of over \$300.00. The advertising revenue has not increased with the substantial increase in the paid-up circulation.

We hold a certificate from the Royal Bank, Portage Avenue and Carlton Street Branch, as to the balance with them at December 31st, 1926.

Subject to the above remarks, we certify that the accompanying Balance Sheet and Statement of Revenue and Expenses for the year 1926, are taken from and are in agreement with the books of account and other records, and in our opinion correctly represent the position of "The Canadian Nurse" as at December 31st, 1926, and the results of your transactions for the year ended that date in so far as they are revealed by the books and records, and from information furnished us.

Yours truly,

GILBERT & LAIRD,  
Chartered Accountants.

**THE CANADIAN NURSE**  
**BALANCE SHEET, DECEMBER 31st, 1926**  
**ASSETS**

Cash on Hand—Petty .....	\$	.21	
Cash in Royal Bank .....		1,207.02	
			\$ 1,207.23
Accounts Receivable—			
Advertisers—			
General Dr. Balances .....	\$	104.65	
Alumnae Association Balances .....		120.00	
		224.65	
			\$ 1,431.88
<b>LIABILITIES</b>			
Advertisers—			
General Cr. Balances .....	\$	70.51	
Alumnae Association Balances .....		50.00	
		120.51	
Advertising Paid in Advance .....		197.17	
Subscriptions Paid in Advance .....		1,995.93	
American Journal of Nursing .....		2.75	
			\$ 2,316.36
Deficit as at December 31st, 1925 .....	\$	492.23	
Loss for 1926 .....		392.25	
			\$ 884.48
<b>TOTAL DEFICIT AT DEC. 31, 1926</b> .....			1,431.88
Assets as above .....			\$ 2,316.36

**LOSS AND GAIN STATEMENT FOR TWELVE MONTHS ENDED DECEMBER 31, 1926**

<b>REVENUE</b>			
Subscriptions applicable to the period .....	\$	4,831.14	
Advertising applicable to the period .....		2,608.07	
			\$ 7,439.21
<b>EXPENSES</b>			
Publication Costs:—			
Printing 12 issues .....	\$	5,331.07	
Postage, 12 issues .....		274.57	
Addressing and Wrapping .....		162.10	
Mailing List Charges .....		58.92	
Illustrations and Sundry .....		169.20	
			\$ 5,995.86
General Expenses:—			
Salaries .....	\$	1,180.00	
Rent, Light, Telephone .....		253.50	
Printing and Stationery .....		76.70	
Postage and Excise Stamps .....		156.03	
Audit Fee .....		100.00	
Interest, Discount and Exchange .....		37.62	
		1,803.85	
Bad Debts written off .....		31.75	
			7,831.46
<b>LOSS</b> .....			\$ 392.25

**GILBERT & LAIRD**  
 CHARTERED ACCOUNTANTS  
 WINNIPEG

January 18th, 1928.

The Canadian Nurse,  
 Winnipeg.

Mesdames:

We have again audited your books of Account and Vouchers for year just completed and have prepared from them and submit herewith a Balance Sheet and Statement of Revenue and Expenses, with Schedules of Accounts Receivable.

We have a certificate from the Royal Bank, Portage and Carlton Branch, as to the correctness of the balance shown as on hand with them.

We have carefully gone over the subscription receipts and arrived at the amount for which you are liable in advance of December 31st, 1927, and the same with the Alumnae Association advertising paid in advance.

The revenue taken credit for in the statement is, therefore, only that applicable to the period. The total was about \$100.00 greater than in 1926, subscriptions being nearly \$300.00 more and advertising \$200.00 less.

The publication costs were nearly \$60.00 less, but the general expenses \$1,800.00 greater, mostly in salaries, as the one half of Miss Wilson's was only charged to "The Canadian Nurse," beginning September, 1926, and Miss Smith's salary came on near the end of that year. The deficit on Revenue Account was, therefore, over \$1,600.00 more than in 1926. This was reduced by the grant of \$1,200.00 from the Canadian Nurses Association, and by a refund from the printer on account of overcharge in 1926 on Sales Tax of \$158.53.

Subject to the above remarks, we certify that the accompanying Balance Sheet and Revenue Statement are taken from and are in agreement with your books of account, and, in our opinion, correctly represent the position of your publication as at December 31st, 1927, and the results of your operations for the year ended that date, in so far as they are revealed by the books and other records and from information furnished us.

Yours truly,

GILBERT & LAIRD,

Chartered Accountants.

**THE CANADIAN NURSE**  
**BALANCE SHEET, DECEMBER 31st, 1927**  
**ASSETS**

Cash on Hand—Petty		\$ 13.32
Cash in Royal Bank	\$ 600.76	
Less Outstanding Cheques	22.00	
		578.76
Accounts Receivable—		
General Advertisers	\$ 106.66	
Alumnae Association Advertisers	315.00	
		421.66
		\$ 1,013.74

**LIABILITIES**

Advertisers—General—Cr. Balances	\$ 9.67	
Advertisers—Alumnae Associations—In Advance	511.65	
		\$ 521.32
Subscriptions Paid in Advance		2,046.47
American Journal of Nursing		3.00
		\$ 2,570.79
Deficit as at December 31, 1926	\$ 884.48	
DEFICIT FOR 1927, as per Loss and Gain Statement	672.57	
		\$ 1,557.05
Assets as above		1,013.74
		\$ 2,570.79

**LOSS AND GAIN STATEMENT FOR TWELVE MONTHS ENDED DECEMBER 31, 1927**

	<b>REVENUE</b>	
Subscriptions applicable to the period	\$ 5,117.57	
Advertising applicable to the period	2,409.06	
		\$ 7,526.63

	<b>EXPENSES</b>	
Publication Costs—		
Printing 12 Issues	\$ 5,373.00	
Postage, 12 Issues	229.34	
Addressing and Wrapping	156.45	
Mailing List Charges, etc.	65.09	
Illustrations and other charges	114.95	
		\$ 5,938.83
General Expenses—		
Salaries	\$ 2,850.00	
Rent, Light and Telephone	376.50	
Printing and Stationery	93.87	
Postage and Excise Stamps	147.83	
Audit Fee	85.00	
Sundry	29.25	
Interest, Discount and Exchange	36.45	
		3,618.90
		\$ 9,557.73

Less Revenue as above		7,526.63
		\$ 2,031.10
Deficit on Revenue Account		\$ 1,200.00
Grant from Canadian Nurses Association		158.53
Refund of Sales Tax from 1926		
		1,358.53

NET DEFICIT for period \$ 672.57



A round table discussion on "The Canadian Nurse" then took place, dealing principally with the financial condition. At the close of the informal discussion the general session was resumed and two recommendations from the Executive Committee were presented and adopted:

RECOMMENDATION No. 1: "That the Executive Committee is of the opinion that the advertising department of "The Canadian Nurse" requires reorganization, and recommends the placing of the department under an advertising manager; but would suggest that a small committee be appointed by the incoming Executive to study this whole question under expert guidance, and report promptly to the Executive."

RECOMMENDATION No. 2: "That the Executive Committee recommends to the general meeting, Canadian Nurses Association, the appointment of an Editorial Board for "The Canadian Nurse" (six to nine members suggested), the members to serve for two years."

The general meeting then adopted the following resolution: "That the special club rate for "The Canadian Nurse" be discontinued: this to take effect at once."

#### MEMORIAL FUND SURPLUS

In April 1928 when the National Memorial Committee made its final report to the Executive Committee it was announced that there was a surplus of \$8,644.54. The Committee submitted to the Executive Committee several recommendations in regard to the disposal of this surplus. Before these recommendations were presented to the general meeting the delegates were requested to vote on the question as to whether or not they wished to adhere to a previous decision made at the general meeting, 1921, to the effect that any memorial fund surplus would be returned to the provincial associations to form a nucleus for provincial memorials. The result of a divisional vote showed that the majority of the federated associations were in favour of waiving their right to a share of the surplus funds.

The recommendations made by the National Memorial Committee were then presented.

No. 1. "That the funds shall at no time be placed in the general funds of the Canadian Nurses Association." This was adopted.

No. 2. Consisted of three clauses, the first two of which were defeated and the third adopted after being amended, i.e.—"To assist financially any enterprise which will be of benefit to the whole nursing profession in Canada, with special consideration being given to 'The Canadian Nurse'—the distribution to be left to the Executive Committee for action as the need arises."

The subject of the Canadian Nurses Association making provision for the placing annually of a floral tribute before the Nurses Memorial in the Hall of Fame, Ottawa, was brought to the attention of the meeting, and the following resolution passed: "That the Executive Committee in considering the disposal of the surplus of the Memorial Fund be asked to consider the establishment of a fund to provide for an annual floral tribute on Armistice Day to be placed before the Canadian Nurses Memorial."

#### REPORT OF COMMITTEE ON ARRANGEMENTS, INTERNATIONAL COUNCIL OF NURSES, 1929

The committee on arrangements for the Montreal Congress was appointed at the interim meeting of the international executive in Geneva, 1927.

Members of the committee to be:

Miss F. M. Shaw, chairman.  
Miss Jean Browne.  
Miss E. Smellie.  
Miss E. Hurley.  
Miss M. F. Hersey.

Later Miss M. K. Holt was asked to fill the vacancy caused by the death of Miss Shaw.

Several meetings of the arrangements committee have been held in Montreal, the local members attending all meetings, the out of town members attending as many as possible.

The date of the International Congress was fixed by the board of directors for July 8th to 15th, 1929.

Sub-committees were appointed as follows:

Finance.  
Entertainment.  
Housing.  
Registration.  
Transportation.  
Publicity.  
Exhibits.  
Printing and Advertising.

The general committee prepared a tentative budget, which was accepted by the finance committee; this was later added to and now stands at \$20,000.

A provisional office was opened at the Royal Victoria Hospital.

Buildings have been secured for the meetings: Montreal Forum, seating capacity 10,000, for general sessions, and a high school on University Street, for registration purposes, sectional meetings and exhibits. This high school has a cafeteria used for students, which we hope to keep open as an exceptionally reasonable lunch is served there.

The Montreal Tourist and Convention Bureau promise to do—along certain lines—as much advertising as we wish, free of charge.

#### BUDGET

1. Entertainment .....	\$ 1,000
2. Erection of booths, etc. ....	500
3. Hospitality to Delegates .....	5,000
4. Expense of buildings for meetings .....	2,500
5. Printing, including programme, badges, posters, signs, etc.....	3,000
6. Amplifiers .....	400
7. Publicity .....	500
8. Clerical assistance .....	800
9. Postage and office supplies.....	50
10. Janitor—cleaning, etc. ....	200
	<hr/>
	\$13,950
11. Added by Finance Committee....	6,050
	<hr/>
	\$20,000

#### FINANCE COMMITTEE

Chairman—Miss Jean Browne, Toronto.  
 Vice-Chairman—Miss Jean Gunn, Toronto.  
 Treasurer—Miss McKee, Brantford.  
 Secretary—Miss E. McP. Dickson, Weston.  
 Members—Miss Kathleen Russell, Toronto; Miss M. F. Hersey, Montreal.

This committee reports two meetings.

It was decided "That the associations affiliated with the C.N.A. be asked to assume responsibility at the rate of \$2.00 per member of the Association, as their share in defraying the local expenses of the international meeting in Montreal.

"That the arrangements committee approach the Mayor of Montreal ask-

ing for a grant of \$5,000 from the City of Montreal toward local expenses in connection with the international meeting, and that all funds be forwarded to the treasurer, Miss McKee, not later than January, 1929, and further that before that date all affiliated associations be requested to advise the committee as to their intentions in the matter of their support of the finance committee."

#### ENTERTAINMENT COMMITTEE

Chairman—Miss Mabel Holt

Many kinds of entertainment have been offered to the convener of this committee, but it was felt the fall of this year would be time enough to get definite details.

This committee includes sight seeing, luncheons, banquets, provision for regular meals, etc., and sub-committees have again been formed to take care of these special things.

#### HOUSING COMMITTEE

Chairman—Miss Edith B. Hurley

This committee reports as follows:

Beds reserved in hotels, 2,300; but very few single rooms. (All these beds at reasonable hotel rates.)

In convents, 1,500 beds promised, with a possible extra 1,000, making 2,500. (The convents will give beds and breakfast from \$1.00 to \$1.50. (\$1.50 being single rooms.)

This means 4,800 beds practically arranged for.

There are many private hotels and good boarding houses yet to be reported upon, and hospitality has been offered by many private individuals.

#### EXHIBITS

Chairman—Miss Catherine Ferguson

This committee has been appointed and has charge of all decorating, professional and commercial exhibits, erection of booths for same, and also the erection of information booths at stations.

#### REGISTRATION

Chairman—Miss Esther Beith

As this committee will not meet until the autumn there is no report at present.



## TRANSPORTATION

Chairman—Miss Margaret Moag

The convener reported that the representative of Thos. Cook & Sons in Montreal, had been interviewed, and would be responsible for publicity in any country having a national magazine.

Mr. Burke, of the General Passenger Service, said that applications for reduced rates should be made to Mr. G. H. Webster, of the General Passenger Association, and on receipt of forms from him, all information as to date of meeting, numbers, etc., should be sent him, and he would send such information to all points in Canada and U.S.A. and tickets would be reduced on application.

## PUBLICITY

Chairman—Miss Ethel Sharpe

The convener reports two meetings of this committee, at which representatives from railways and steamship lines were present.

Lists of affiliated national associations, and of state and provincial associations in the United States and Canada were given to these representatives who wished to advertise rates, etc., in the nursing magazines. An article on Montreal, including a paragraph of information on arrangements has been published in all the nursing journals. The publicity agent of the Robert Reford Line is writing a series of articles on Canada. The first of these with some views of Canadian scenery has been sent to Miss Reimann for European magazines. As soon as information on housing and transportation is available, a pamphlet will be prepared for distribution.

## PRINTING AND ADVERTISING

Chairman—Miss Olga Lilly

This committee is soliciting advertising matter for the programme, and will look after all printing, etc.

It is the hope of the committee on arrangements that all possible contingencies will be anticipated and prepared for, and that the comfort and pleasure of every individual

attending the congress in Montreal will be assured.

MABEL F. HERSEY,

Chairman.

This report was adopted and in discussion which followed the Canadian Nurses Association expressed its approval of the recommendation made by the Finance Committee re raising funds to meet expenses of the Congress. The question of an individual registration fee for all attending the Congress was brought to the attention of the assembly. An officer of the International Council of Nurses who was present stated that the amount of this registration fee had not yet been determined by the Council but it was customary to charge a small registration fee to assist in defraying the expenses of the International Congress.

The estimated budget submitted by the Committee on Arrangements was adopted and the following resolution approved: "That the surplus funds (if any) from the International Council of Nurses Congress Budget become the property of the Canadian Nurses Association to be used at the Executive Committee's discretion to cover any expense arising in the next two years."

The convener of the sub-committee on housing asked that the opinion of the delegates be expressed in connection with the suggestion that accommodation be obtained in the convents of Montreal.

The suggestion met with the approval of the general meeting.

## MISCELLANEOUS RECOMMENDATIONS FROM EXECUTIVE COMMITTEE

1. That in the By-Laws, Canadian Nurses Association, Article 7, Clause 6, be changed to read: In case of a vacancy in any office the Executive Committee shall appoint a member to serve until her successor is elected.—Ratified unanimously.

2. That the Executive Committee recommends the consideration of planning for commercial exhibits at biennial meetings.—Ratified.

3. The Executive Committee recommends the appointment of the following four representatives of the Canadian Nurses Association, chosen geographically, for the International Council of Nurses Congress, Montreal, 1929, and provides for the appointment

of alternates by the Executive Committee, if necessary: Miss Mabel F. Gray, Vancouver, B.C.; Miss Ruby M. Simpson, Regina, Sask.; Miss Jean E. Browne, Toronto, Ont.; Miss Margaret Murdoch, Saint John, N.B.

4. That Miss Mary Agnes Snively, as first president of the Canadian Nurses Association and councillor, International Council of Nurses, be invited to attend the Congress at Montreal in 1929 as the guest of the Canadian Nurses Association, and that funds in annual Budget (delegates expenses, I.C.N.), be used for this purpose.—Ratified.

#### OTHER RESOLUTIONS ADOPTED

1. That the History of Nursing Society, School for Graduate Nurses, McGill University, be given permission to publish a calendar under the auspices of the Canadian Nurses Association, provided that the material be submitted to and approved by the Executive Committee, Canadian Nurses Association, and that permission be now granted the society to secure subscriptions at the general meeting.

2. That the Canadian Nurses Association expresses to the Alumnae, School for Graduate Nurses, McGill University, its sympathetic interest in their plan of establishing a memorial to Miss Flora Madeline Shaw, and states that later when the Canadian Nurses Association has met the heavy obligations undertaken at the Biennial Meeting, 1928, which have to be met in the immediate future, the matter will be brought up for further consideration.

3. That the Canadian Nurses Association heartily endorses the aims of the League of Nations and urges upon its members the importance of individual membership in the League. Also that the addresses of the central and local officers of the League of Nations Society in Canada be published in "The Canadian Nurse."

4. That owing to pressure of business the reports of federated associations be taken as read.

#### REPORT, RESOLUTION COMMITTEE

In the absence of Miss Edith Ray-side the report was read by Miss Maude Retallick.

Resolved that the thanks of the C.N.A. be extended—

To the Hostess Organization, the Manitoba Association of Graduate Nurses, for the excellent way the arrangements were made for this biennial meeting, and the Committee on Arrangements for the munificent hospitality that has been expended in the entertainment of the delegates and visiting members.

To the Manitoba Medical Association, to the Alumnae and Nursing Staff of St. Boniface Hospital, to the Alumnae of the Winnipeg General Hospital, to the Staff of the Municipal Hospital, to the Winnipeg General Hospital and to the Overseas Nursing Sisters Club.

To the management of the Fort Garry for the attention and service rendered the C.N.A.,

to the City of Winnipeg, to the Provincial Government and the Manitoba Medical Association for their cordial welcome.

To the Winnipeg General Hospital Nurses' Glee Club for their delightful music.

To Dr. A. T. Mathers, Prof. R. C. Wallace, and Miss Ruth Hallowes.

To the retiring Officers of the Executive Committee for the past two years.

To the Press for published reports and editorials.

That this general assembly of the Canadian Nurses Association record their appreciation and confidence in the work of the Arrangements Committee, International Council of Nurses Congress.

#### RESOLUTIONS FROM NURSING EDUCATION SECTION

Whereas there is an apparent lack of communication between the three national sections and the corresponding three provincial sections, the following suggestions are offered:

1. That the provincial sections meet quarterly as far as possible.

2. That a full report of all meetings of the provincial sections be sent to the secretary of the corresponding national section.

3. That a full report of all meetings of the Executive Committees of the three national sections be sent by the secretaries to the provincial secretaries of the corresponding section.

4. That the secretaries of the three national sections be responsible for sending to the corresponding provincial sections all items of interest and progress which may have been reported from the various provincial sections, or which may be the result of the activities of the standing and special committees of the National Sections. It is further recommended that this same information be sent to the executive secretary of the Canadian Nurses Association.

5. That the secretaries of the three national sections be asked to secure an interim report at the end of the first year from each standing and special committee and that a copy of these reports be sent to the executive secretary of the Canadian Nurses Association.

#### RESOLUTIONS FROM PUBLIC HEALTH SECTION

That the Canadian Nurses Association recommends that consideration be given by each provincial organization to the question of combining a Refresher Course for public health nurses with the annual provincial meeting.

The Public Health Section recommends that the Canadian Nurses Association establish at headquarters a register for public health nurses, for the mutual benefit of said nurses and those desiring their services.

All resolutions presented by the Resolutions Committee were adopted.



## OFFICERS

The election of officers was announced by the scrutineers.

President, Miss M. F. Hersey, Montreal, P.Q.

1st Vice-President, Miss K. W. Ellis, Vancouver, B.C.

2nd Vice-President, Miss G. M. Bennett, Ottawa, Ont.

Hon. Secretary, Miss E. B. Hurley, Montreal, P.Q.

Hon. Treasurer, Miss R. M. Simpson, Regina, Sask.

## ANNUAL BUDGET

The Executive Committee submitted the following resolution when the Budget was presented: "That since item 15 is now covered by the resolution re the surplus funds of the Memorial Fund, the Executive recommends that the amount be reduced from \$2,000 to \$1,000 to cover deficit which will occur in the near future."

The Budget as submitted, with change made in item 15 from \$2,000 to \$1,000, was then adopted by the Association.

1. Salaries.....	\$2,250.00
2. Rent, light, telephone.....	378.50
3. Printing and stationery.....	250.00
4. Sundry office expenses (postage and telegrams, etc.).....	150.00
5. Text books.....	10.00
6. Insurance and depreciation....	45.20
7. Audit fee.....	20.00
8. Grants (Sections) .....	450.00
9. Fees (I.C.N.).....	500.00
10. Fees (Affiliation).....	25.00
11. Expenses—Biennial Meeting....	250.00
12. Travelling expenses (Executive)	200.00
13. Travelling expenses (I.C.N.)....	250.00
14. Cost of binding 12 volumes of "The Canadian Nurse".....	30.00
15. Deficit, "The Canadian Nurse" (estimated).....	1,000.00
Total.....	\$5,808.70

Two invitations were received for the 1930 biennial meeting. One from the Graduate Nurses Association of Victoria, B.C., and the other from the Saskatchewan Registered Nurses Association to meet in the city of Regina.

By ballot vote the decision of the delegates favoured Regina, Sask., as the place of next meeting.

## EXHIBITS

Much credit is due to the Manitoba Graduate Nurses Association for the Exhibit which was so excellently arranged under the direction of this Association. A number of contributions received from other provinces added to the attractiveness of the various booths, while a number of student nurses in uniform were constantly in attendance to explain the uses of the various appliances, and to answer numerous enquiries.

Altogether, in retrospect, the meeting of 1928 may well be regarded as one of the best ever held. Almost 250 nurses registered and from the attendance at each meeting it would seem that no one missed a single session. A large number were attending a biennial meeting for the first time. It was encouraging to have those members present, and to have them participate in all discussions. Those who had attended several general meetings were delighted to meet with former acquaintances, and all appeared determined not only to get all they could from the discussions but also to contribute of their best. Following a week of business meetings interspersed with generous hospitality the general meeting closed with "Farewell until Montreal in 1929."

## NURSING EDUCATION SECTION

The Nursing Education Section of the Canadian Nurses Association held three sessions, presided over by Miss Jean I. Gunn, chairman.

A large number of papers and four Round Table Discussions covered the numerous subjects which are receiving the attention of the Section at the present time. These papers and discussions will be published later in The Canadian Nurse.

Miss Ruth M. Hallows, education officer of the College of Nursing, London, England, addressed the Section on the subject of The Educational Programme of the College of Nursing.

In the absence of the secretary (Miss Eleanor McPhedran), Miss Frances L. Reed was appointed secretary pro tem.

## SECRETARY'S REPORT

I beg to submit this very meagre report of the activities of the general office of the Nursing Education Section, 1926-1928. Miss Guernsey, who was appointed chairman of the Section in 1926, resigned in August, 1927. Through an unfortunate reading of the Constitution and By-Laws of the Section, which I cannot think to be altogether clear, there was some delay in appointing her successor, but by the almost unanimous vote of the members of the Executive, Miss Gunn (Vice-Chairman), was selected as Acting Chairman for the remainder of the term. The work of carrying on was left with conveners of Provincial Committees and of Special Committees. Unfortunately some of the notices sent out in the fall of 1926 were evidently not received. Since taking over the work, Miss Gunn has given largely of her time, ability and energy, and it is entirely due to her that this very interesting programme has been placed before you.

It is very evident that the various divisions of the Section are more or less marking time, waiting the recommendations of the Joint Committee, appointed by the Executives of the Canadian Nurses Association and the Canadian Medical Association, in their survey of the nursing situation in Canada.

I am enclosing herewith such reports of the Provincial Committees and of the Special Committees as have been received.

May I say here that the experience of the last two years leads me to think that it would be an advantage if the choice of your officers were made from nurses in close touch with larger communities. The personal contact and interchange of thought do much to stimulate interest in the carrying out of the detail of the work.

ELEANOR MCPHEDRAN.

**RESOLUTIONS COMMITTEE:**—Misses K. W. Ellis, E. Alder, and B. L. Ellis.

Following the report of the Nomination Committee the following motion was passed:

"That the names submitted by the Committee for the office of vice-chairman be used from which to choose a chairman and a vice-chairman be elected from the ones remaining."

After the report of the Text Book Committee was read, the following motion carried:

"That a committee be appointed to assist the editor in arranging for the review of books which are sent by publishers to the National Office, and that this committee be appointed by the incoming executive."

No reports were received from the three following committees:

1. Scholarships. Motion carried "That the Scholarships Committee be dissolved for the present."

2. The Subsidiary Nurse. As the committee had been transferred to the C.N.A. it had therefore ceased to function in this Section.

3. Committee on Constitution and By-Laws.

4. Committee to collect and collate information of Schools of Nursing in Canada. The convener of this committee reported that she had not been notified of her appointment.

Motion then carried:

"That Miss Jean Wilson be asked to convene a committee; that the committee collect information through the Provincial Nurses Associations and have it compiled in the National Office."

The reports from conveners of provincial sections on Nursing Education were read by provincial representatives.

The resolutions presented from the Round Table: How may the Nursing Education Section best serve Nursing Education in Canada, were adopted and sent on to the general meeting.

The resolution presented from the Round Table for Superintendents of Schools of Nursing was adopted, i.e.:

"That a small committee to which each province shall be asked to appoint a representative, be appointed to consider such Nursing Education problems as; educational admission standards, uniformity in pre-nursing courses in high schools, minimum standard curriculum, entrance fees, centralized preliminary nursing courses, etc., and that the recommendations included in the paper on Educational Standards be sent on to this Committee."

The subject Organization of Community Interest in Nursing Education was ably presented from the standpoint of the public, the hospital, the medical profession and the nursing profession. Following discussion this motion carried:

"That a committee of three be appointed to stimulate public interest in nursing education, particularly the Press and that this committee be appointed by the incoming Executive."

## OFFICERS ELECTED

Chairman, Miss Mabel K. Holt.  
Vice-Chairman, Miss Jessie E. Grant.  
Secretary, Miss Gertrude M. Bennett.  
Treasurer, Miss Frances L. Reed.



## TREASURER'S REPORT, 1926-1928

RECEIPTS	
Balance in Bank—August, 1926	\$255.23
Fees—Outstanding—August, 1926	33.00
Grant—C.N.A., 1927	150.00
Grant—C.N.A., 1928	75.00
Interest	12.98

\$526.21

EXPENDITURES	
Secretary—Convention expenses, 1926	\$ 10.00
Chairman's convention expenses, 1926	49.65
Expenses—Miss Logan	64.56
Printing	6.00
Exchange	.30
Balance in Bank	395.70

\$526.21 \$526.21

## PUBLIC HEALTH SECTION

The Public Health Section of the Canadian Nurses Association held three sessions, presided over by Miss Elizabeth L. Smellie, chairman.

At a public meeting held on Friday evening, July 6th, a large audience heard three excellent addresses given, i.e., (1) Public Support of Nursing Services, by Miss Mabel Finch, secretary of the United Farm Women of Manitoba; (2) The Public Health Nurse and the Child Welfare Programme, by Miss Charlotte Whitton, executive secretary, Canadian Council on Child Welfare; (3) What a Department of Public Health Expects of the Nursing Profession, by the Hon. E. W. Montgomery, minister of health and welfare for Manitoba.

A second session was devoted to the subject: "The Nurse as a Teacher of Infant Care." Speakers participating in the programme were: Miss Ruby Simpson, who spoke on the Fundamental Principles of Teaching; Miss C. V. Barrett, whose subject was The Mother on the Maternity Wards; Miss C. de N. Fraser, who discussed The Young Mother in the Home; Miss Marjorie Baird spoke on The Mother and the Big Sister in the Home, and Miss J. G. Stothart, The Big Sister at School. Following Miss Stothart's paper a demonstration was given by five little girls which showed the very excellent method of demonstrating the principles of teaching as applied to the groups under instruction. These papers will be republished later.

At the business session held on Wednesday, July 4th, Miss Marion Nash was appointed secretary pro tem in the absence of Miss E. M. Beith.

In her address as chairman, Miss Smellie enlarged on the present and future tendencies in Public Health Nursing. This address will be published in a later issue of the Journal.

RESOLUTIONS COMMITTEE:—Misses Elizabeth Clark and May Ewart.

NOMINATION COMMITTEE:—Misses R. M. Simpson, E. Gilroy, B. Emerson.

The reports from the provincial sections were presented. A synopsis of these reports will be published in a later number of the journal. The suggestion was made that the question of the desirability of membership in the Canadian Public Health Association be brought to the attention of members of all provincial associations by representatives attending this meeting.

It was also suggested that the activities of the Publication Committee of the Public Health Section be directed towards stimulating members to write material for publication in "The Canadian Nurse": such material to be forwarded direct to the editor at the National Office.

## RESOLUTIONS PASSED

1. That since the provisions of the item re "voting membership" have apparently not been complied with, THEREFORE BE IT RESOLVED That, for this meeting only, all Public Health Nurses in good standing in their provincial associations present at this meeting be allowed to vote.

2. That Article III of the By-Laws of the Public Health Section, re Membership, be referred to the provincial associations for discussion—recommendations to be sent to the chairman of the Public Health Section.

3. That the Library Committee be dissolved.

4. That whereas there is under consideration a study of nursing in Canada by a joint committee, the committee appointed by the Public Health Section of the Canadian Nurses Association to make a study of nursing problems be dissolved.

5. That a copy of the letter received from the Canadian Public Health Association be sent to provincial associations.

6. That consideration be given by each provincial association to the question of combining a refresher course for Public Health Nurses with the annual provincial meeting.

7. That the Public Health Section of the Canadian Nurses Association recommends

that the Canadian Nurses Association establish at headquarters a register of public health nurses, for the mutual benefit of said nurses and those desiring their services.

8. In order to effect wider facilities for experience for nurses in the public health field, we beg to move that the matter of international exchange of public health nurses be submitted to the Executive of the Canadian Nurses for approval, to be brought up in turn at the International Congress in Montreal in 1929.

#### OFFICERS ELECTED

Chairman (re-elected), Miss E. L. Smellie.

Vice-Chairman, Miss M. Wilkinson.

Secretary-Treasurer (re-elected), Miss Esther M. Beith.

#### TREASURER'S REPORT, 1926-1928

##### RECEIPTS

Miss McKay-----	\$118.15
C.N.A.-----	75.00
C.N.A.-----	75.00
C.N.A.-----	75.00
Bank Interest to June 1, 1928-----	9.84
	<hr/> \$352.99

##### DISBURSEMENTS

Travelling expenses (secretary)	\$ 27.35
Postage (secretary)-----	2.65
Postage (chairman)-----	2.00
Cheque (Miss Smellie: expenses Winnipeg Conference) --	125.00
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Total Disbursements_	\$352.99 \$157.00
Cash on hand, June 30_	195.99
	<hr/>
	\$352.99 \$352.99

#### PRIVATE DUTY SECTION

The Private Duty Section of the Canadian Nurses Association held two sessions, Miss Emma Hamilton, chairman, presiding. Miss Agnes Jamieson acted as secretary pro tem, in the absence of Miss H. Carruthers.

In her address as chairman Miss Hamilton particularly stressed the advisability of a ten or twelve hour day for private duty nurses, and emphasized the advantage that group nursing would be to those who could not afford the full time service of a nurse. The question of hourly nursing was also dealt with.

The secretary reported that progress had been made by the section in several of the provincial associations. A number of extension courses held in connection with several universities had been well attended by private duty nurses.

The convener of Publications reported that four provinces only had contributed articles for publication in "The Canadian Nurse," i.e., Ontario, Quebec, Manitoba and New Brunswick.

The Roll Call showed that the convener of the Private Duty Section, Graduate Nurses Association, Prince Edward Island, was the only provincial convener present.

At the second session the following papers were presented:

Group Nursing: (a) Dr. A. L. Lockwood; (b) Miss Agnes Jamieson; (c) Miss Theresa O'Rourke.

Maternal Mortality in Canada: (a) Dr. Ross Mitchell, who dealt with the subject from the urban point of view, and (b) Miss Isabel Stewart, who considered the question from the rural standpoint.

In discussion following the papers on Group Nursing, Miss Caroline Gray, superintendent of nurses, Colonial Hospital, Rochester, Minn., gave an interesting talk on the way Group Nursing is carried out at that hospital. These papers will be published in a later number of "The Canadian Nurse."

#### OFFICERS ELECTED

Chairman, Miss Agnes Jamieson.  
Vice-Chairman, Miss Clara Brown.  
Secretary-Treasurer, Miss Blanche Marleau.

Convener, Publications Committee,  
Miss Theresa O'Rourke.

#### TREASURER'S REPORT, 1926-1928

##### RECEIPTS

1927, Amount transferred from Vancouver----	\$171.92
To cheque from C.N.A.	74.85
Interest-----	1.03
Cheque from C.N.A.	74.85
Interest-----	3.70
1928, Cheque from C.N.A.	74.85
Interest-----	5.26

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\$406.46

##### DISBURSEMENTS

1928, By Miss Emma Hamilton re expenses to Winnipeg, C.N.A.---	\$175.00
Typing, Postage, etc.---	3.50
Miss Helen Carruthers, for typing, etc.-----	1.75
Balance as per bank book-----	226.21
	<hr/>
	\$406.46





Miss RUTH M. HALLOWES, M.A., S.R.N.

## *Tradition in English Nursing*

By RUTH M. HALLOWES, M.A., S.R.N.

We all know that at the present day tradition no longer has the unquestioned influence that it possessed in former times; we now hear at least as much of the danger of being hide-bound by tradition as of the privilege of inheriting a great tradition. Yet no country, new or old, can escape from either inheriting or building a tradition; perhaps, indeed, it would be more accurate to say that the two processes are usually going on at the same time.

Each profession also has its stream of tradition, and in none is this larger or of more varied interest, than in the nursing profession.

I owe the honour of addressing you to the fact that, for us, this stream of tradition is *one* for a great part of its course, though I do not forget the sister stream of influence which, in some provinces of this country, add such a unique charm to the history of nursing. Confining ourselves, however, to the past of English nursing and its influence on the present, which was the first hospital, as distinct from the private infirmary of a monastery, to be actually erected in England? It

appears to have been that of St. Peter and St. Leonard at York, founded by Athelstane in 936.

If this is so, and York was really the first city to build an English hospital, it is an interesting coincidence that this same city, many hundred years later, took the lead in the reformed treatment of mental diseases in England; for here William Juke, following Piret's system, founded in 1792 his famous "Retreat," still a flourishing and leading institution. Thus, when in 1925 a monument was erected to those of the Empire's nurses—numbering more than 1,300—who gave their lives in the great war, it was very fitting that it should be placed in York Cathedral.

Much interest attaches to another early hospital, that of St. Bartholomew, in the county of Kent, at Rochester, not to be confused with the great London hospital of the same name.

This hospital, built by Gundry, eleventh Bishop of Rochester, in 1078, was intended for the reception of lepers and other sick pilgrims returning from the Holy Land. The

good bishop seems to have had sound ideas about preventing the spread of disease, for he placed his hospital at the strategic point where travellers going north from Dover would reach the first bridge over the Medway.

The patients were at first in charge of a prior and four brothers, but in the reign of Edward III. we read of sisters also caring for them. This foundation still survives. It passed through many vicissitudes, Queen Elizabeth let out its chapel as a private dwelling house, James I. attempted to seize its lands. However, it weathered all storms, and today a modern hospital of 150 beds stands on Bishop Gundry's land, and derives half its income from estates donated by him; whilst the chapel, fortunate in careful restorers, still retains some of its original beautiful Norman work. This interesting link between the eleventh and the twentieth centuries can be easily reached from London.

The famous Order of St. John of Jerusalem made its appearance in England in the year 1100, and the knights were established at Clerkenwell Priory, the buildings consisting of a church, a hospital and an inn. The sisters were given a priory at Buckland in Somerset in 1166. Of interest to nurses of all times are those rules of the order which ordained that the patient should be treated "like a noble," and inculcated the practice of hospitality as "the highest virtue, including all others."

The order was suppressed by Henry VIII. in 1534, restored by Mary Tudor, and finally suppressed by Queen Elizabeth. Its revival in modern form in England dates from early in the 19th century, and in 1877 the St. John Ambulance Association was founded by members of the order, its general object being stated as "the promotion of instruction in, and the carrying out of, works for the relief of the suffering of the sick and injured in peace and

war, irrespective of race, class or creed."

It is needless to emphasize how nobly in conjunction with the Red Cross Society this object was carried out in late war.

Very appropriately the headquarters of the St. John Ambulance Association are now at Clerkenwell, in the east central district of London, where all remains of the original buildings, notably a gateway, are piously preserved.

Passing on down the 12th century we come to an important landmark in the foundation of St. Bartholomew's Hospital in 1123 by the monk Rahen, in earlier life a favourite courtier of Henry I. The story goes that Rahen, on a pilgrimage to Rome, fell sick, and vowed to build a hospital should he recover and return to England. Before his illness he had visited the church of St. Bartholomew, then newly built on an island in the Tiber where stood the ruins of the temple of Aesculapius, and he now had a dream in which the site of his own projected hospital was indicated to him by the saint.

On his return he enlisted the help of the King and the Bishop of London, and fulfilled his vow by erecting, in Smithfield, a hospital, and a priory of which he became the first prior. The hospital was served by Augustinian brothers and sisters who entertained the sick, the poor, pregnant women and orphans. This famous institution, which, as all the nursing world knows, still flourishes on its original site, received the first charter from Henry I. in 1133. It celebrated its 800th anniversary in June, 1923.

Another twelfth century hospital which no longer exists as such, but which is interesting on account of later developments connected with it, was that of St. Katherine, established in 1148 near the Tower of London, by Queen Matilda, the wife of Stephen.



It is perhaps hardly correct to call this institution a hospital in the strict sense of the term.

The community consisted of a master, three brothers, three sisters, and bedeswomen, and it appears that their activities took the form of prayer, almsgiving and visiting the sick, the latter as a duty expressly enjoined in a charter granted by Philippa, wife of Edward III.

The buildings comprised a magnificent church, and cloisters in which were the allotted houses of the community. The institution, perhaps because it was under the sole patronage and control of the Queens of England, escaped the dissolution of the monasteries and thus became the sole example of pre-reformation English religious foundation, surviving as such into modern times. Its buildings were, however, pulled down in 1825 to make room for St. Katherine's Docks, and the community moved to new quarters in Regent's Park, taking with them a few treasures from their old church. In 1877 Queen Victoria was petitioned that St. Katherine's might be used as a training school for nurses for the sick poor, and in the next year the request was granted and the few original "Queen's Nurses" were appointed. They received a grant from St. Katherine's, and met there at intervals.

So it was a natural development that, when Her Majesty in 1887 decided to devote the Women's Jubilee Offering to the cause of district nursing, the Queen Victoria Jubilee Institute should be established at St. Katherine's Hospital.

Thus, with a background stretching deep into the past, the Queen's Jubilee District Nurses, twin sister to the Victorian Order of Nurses for Canada, came into existence. The then master of St. Katherine's was made president for his life, and the superintendent of nurses and her assistants were given accommodation within the hospital precincts. This

accommodation has long since been outgrown, and the headquarters of the institution are now in Victoria Street. According to a recent supplemental charter granted by King George, the reigning Queen of England is, quite in the spirit of the old foundation, always to be patron of the institute; the words "Victoria Jubilee" have therefore been dropped, and the official title of the organization now reads: "Queen's District Nurses Association."

The origin of St. Thomas's, the other great London general hospital which still flourishes in modern times, is not quite so clear cut as that of St. Bartholomew's. This hospital really descends from two foundations, one of which dates from long before the Norman Conquest, when a pious maiden named Mary built a small convent for sisters on the south side of the Thames with the profits derived from running a ferry. This convent was turned into a college of priests by St. Swithin, Bishop of Winchester from 852 to 862, and finally in 1106 became the Priory of St. Mary Overie (over the river), which contained provision for the sick and maimed. About 20 years previously the great priory of Bermondsey, to which was attached an almonry for poor women and indigent children, had been founded, also on the south side of the Thames. Early in the thirteenth century this priory and its almonry were burnt down, but in 1223 Peter de Rupibus, the powerful Bishop of Winchester, re-endowed "the ancient hospital built of old to entertain the poor" and re-named it after St. Thomas the Martyr of Canterbury. He also drew up a constitution for his new foundation, under which the hospital of St. Mary Overie and the almonry of Bermondsey were united in the one building of St. Thomas's Hospital, which was placed on the south side of London Bridge "where the air is more pure and calm, and the supply of water more plentiful."

On this site St. Thomas's Hospital stood till the year 1866.

One more pre-reformation hospital that still survives must be mentioned, that of St. Mary of Bethlehem, founded as a priory in Bishopsgate in 1247, in which both brothers and sisters acted as nurses. This is the institution that later became famous, or rather infamous, as Bedlam: it was at one time a recognized entertainment among the citizens of London to go there "to see the mad folks," and there the last scene of Hogarth's "Rake's Progress" is placed. Bethlehem was at first a general hospital, but it must have become specialized by the time of Queen Elizabeth, for in a quaint appeal for funds which she issued on its behalf we read: "Some be straught from their wyttes. These be kepte and mayntend in the Hospital of our Ladye of Beddelem untyle God caule them to his marcy, or to their wyttes agayne."

This hospital has twice changed its site, first to Moorfields and then to St. George's Road, not far from the present St. Thomas's; it is now moving into the country, and its former spacious grounds, thanks to private generosity, are to become a park for the congested district of Lambeth.

Needless to say, the dark days of coercion and cruelty have long been things of the past, and the institution now represents all that is most enlightened in the treatment of the mentally ill, and in the training of the nurses who care for them.

Time forbids mention of any other of these early foundations than those which have either survived into the present, or exerted a direct influence upon it.

The dissolution of the monasteries stretches like a chasm across the history of English nursing—if indeed we can speak at all of nursing history as distinct from hospital history in pre-reformation times. In spite of the wholesale and barbarous

destruction of precious manuscripts which took place at this time, St. Bartholomew's is fortunate in possessing some valuable archives of early date; but these are concerned rather with legal matters and property than with the activities of the nursing staff.

In 1538 the possessions of St. Bartholomew's, St. Thomas's and St. Mary of Bethlehem were seized, but the loss of these institutions was so much felt that in a few years Sir Richard Gresham, Lord Mayor of London, appealed on behalf of the citizens, to Henry VIII. for restoration "of the iii hospitals or spytells founded of good devotion by ancient fathers, and endowed with great possessions and rents, only for the relief, comfort and helping of the poore and impotente people lying in every street offending every cleane persone passing by the way with their fylthy and nasty savors."

It is surely characteristic of the new era that the offence to the nostrils of the worthy citizens is given at least equal weight with the suffering of the sick. St. Bartholomew's was restored in 1546, St. Thomas's not until after the accession of Edward VI., when "Ridley, that zealous and charitable prelate," moved the young king in the matter, thus, the burly King Henry is honoured in picture and statue as the refounder of St. Bartholomew's, whilst the fragile-looking Edward VI. occupies the same place at St. Thomas's.

We now enter upon what is always known as the dark period in nursing. The hospitals were refounded on an entirely secular basis, their constitutions being largely modelled on those of the old livery companies of London. Strict rules were indeed laid down for the nurses. At St. Bartholomew's they were adjured; "You shall . . . utterly avoid all light, wanton . . . and foolish words, gestures and manners." "Above all things see that you



avoid, abhor and detest scolding and drunkenness as most pestilent and filthy vices"—and finally, "So much as in you shall lie, ye shall avoid and shun the conversation and company of all men."

But the old traditions had passed away, and the new traditions were not yet, and things seem to have gone from bad to worse.

One of the worst abuses was the regular extraction by the nurses of fees from the patients. This was indeed a somewhat natural result of wretched salaries, but it serves to explain why a rule forbidding the acceptance of any gratuity is even now usually included in a nurse's instructions on admission to hospital.

Among attempts at reform of this evil may be quoted an eighteenth century rule from St. Thomas's, that it is the duty of the sister to "wash or cause to be washed all weak people's clouts, without taking money or reward for the same."

The nurse was scandalously overworked: at St. Thomas's at the above date it was her duty among other things, "to make all beds on one side of the ward, and to scour and make clean the beds and floors of the whole ward, with the tables and forms, the passage and stairs and garrets," her only assistants being convalescent patients. The long suffering nurse had in addition to attend at the ringing of the Bread-Bell and the Cook's-Bell to receive the provisions for the patients, and also to "attend the Butler at the ringing the Beer-Bell and take with her such patients as are able to carry the beer in safety to the ward, and not suffer such patients to waste or embezzle it by the way." Strangest of all, to our modern notions, was the attitude towards night duty. The sisters of St. Bartholomew's were ordered to be in their dormitory (they did not have private rooms till 1787) by seven o'clock at night in winter and nine o'clock in sum-

mer, and not thereafter to leave it "except ye shall be appointed and commanded by the matron . . . for some great and special cause that shall concern the poor (as the present danger of death or extreme sickness), and yet being so called ye shall remain no longer with such diseased person than just cause shall require." Even at a much later date than this, night nursing was undertaken, not by the regular staff of the hospital, but by "watchers" of an inferior class who came in by the night, much like charwomen.

Brief mention only can be made of two famous hospitals founded in the eighteenth century. It is recorded in the minutes of St. Thomas's Hospital for the year 1721, that "our worthy governor and benefactor, Thomas Guy, intending to found and create an hospital for incurables, in the close of this hospital, we have agreed to grant him a lease." Guy's Hospital was opened in 1725. It stands near the former site of St. Thomas's Hospital in Southwark, and, in spite of the above mention of incurables, seems early to have become general. The poet Keats was once a student at Guy's and the famous names of Bright and Addison occur in the annals of its medical school.

The London Hospital, famous among nurses as having organized the first preliminary training school in England, was founded in White-chapel in 1740, and is now the largest hospital in London.

I propose barely to touch on the period of reform in nursing; its history is readily accessible, and is, I am sure, well known to my audience.

Mrs. Fry's Nursing Sisterhood of 1841 marks the first streak of dawn. In 1844 Martin Chuzzlewit was published, containing the famous portraits of Sairy Gamp with her "very rusty-black gown, rather the worse for snuff," and Betsy Prig-

with her deep voice and tendency to a beard. We all know these characters by name, but every scene in which they appear is worthy of study by the nurse; notably Betsy's day report to Sairy, in which the main items are an inventory of the larder from the angle of the nurse's—not the patient's—nourishment, and the laconic information: "The easy chair ain't soft enough, you'll want his (the patient's) pillar."

This book did much to rouse public opinion, and its dedication to the philanthropic heiress, Miss, afterwards Baroness, Burdett - Coutts, doubtless had influence in directing her benefactions toward nursing institutions.

To the medical staff of Kings' College Hospital credit is due for the initial steps which led in 1849 to the institution of St. John's House, the first of the Anglican Sisterhoods which played a prominent though temporary part in the reform of hospital nursing. Before this audience it is needless to dwell on the foundation of the Nightingale Training School at St. Thomas's Hospital in 1860, but what some perhaps do not realize is that the school was actually started in the old hospital,

for this was not pulled down till 1866, to make room for an extension of the South Eastern Railway. Temporary premises in Surrey Gardens were occupied for a time, and the present building on the Thames, opposite the Houses of Parliament, was opened in 1871, containing—a unique event at that time—specially designed accommodation for a school of nursing.

To the outside world, as we heard this afternoon, Florence Nightingale is the heroine of the Crimea; but do not we, her spiritual children, always think rather of the eagle eyed executive, the hater of shams, the possessor of that far-sighted vision which, despite the passing of the years, still gives to parts of the "notes on nursing" so surprisingly modern an appeal?

Here in the dawn of the new age of nursing we must leave this brief and feeble sketch.

To possess a long tradition is at the same time a warning to avoid all that has been faulty in the past, and an inspiration to strive that whatever may be added shall be worthy of the best that has gone before.

## *Mental Hygiene and Nursing*

By Dr. A. T. MATHERS, Provincial Psychiatrist for Manitoba

In appearing before you today I am very much aware of a sense of gratitude to you. This gratification, I may tell you, arises from two sources: one personal and the other more general. It is pleasing to me personally to be accorded the privilege of a place on the programme of this distinguished Association, but I am much more gratified with the opportunity of placing before you some thoughts on the relationships between your profession and the

mental hygiene movement. The latter is my primary work in life, and in extenuation of my daring in discussing nursing problems, I may plead some fifteen years' experience in assisting in the education of nurses and my daily association with practical nursing in hospital and community.

In my choice of this particular subject, I was influenced by two signs of the times that must, I think, be patent to all of us. These are (1) the growing recognition of the mental element in all diseases, and

(Address given at the open session, Canadian Nurses Association, Winnipeg, July 5th, 1923.)



(2) the constantly growing emphasis on prevention in all branches of medical and nursing teaching and practice. And as a text for what I have to say I have taken some remarks made a number of years ago by an eminent authority in nursing (Miss Annie Goodrich.)

"The problems in mental training are infinitely more intricate and delicate than those met in any other branch of nursing, and require therefore the highest type of women with the most thorough and all round preparation. Here not less than in other fields, is the preventive work from the standpoint of the community, the greatest need. The public health nurse (and I might add any nurse) is right in feeling that she must have the equipment, if it is obtainable, which will make some of the formidable mental problems encountered by her, challenges to helpful work rather than obstacles that justify surrender as soon as their nature is recognized. With psychiatry definitely entering the field of prevention and attempting to make known the mental mechanisms that control the emotional lives of human beings, the nurse, even to understand the drama of life enacted in the homes that she visits must acquire some of the new knowledge of the deep springs of conduct—she must not be forced to be handicapped in this part of her work because of the lack of some additional training or a slightly different point of view."

It shall be my first duty to place before you as clear and definite an idea as possible of just what Mental Hygiene is. We shall then attempt to establish an objective in the matter of the relationship of your profession to this great subject. Lastly I may have something to say concerning the means and organization necessary to the attainment of this objective.

What then are we to understand by Mental Hygiene? "The ideal of

medicine for many hundreds of years was to cure the ill but with the continuous picture before it of patients who could not be cured and with the accumulation of knowledge of the causes of disease, this has changed so that the ideal of medicine today is not only the care and cure of disease but the prevention of it." (White.)

This is the aim of that particular interest and department of medicine known as hygiene—the promotion and conservation of health. Mental Hygiene, a large and growing division of the general subject may be simply defined as the promotion and conservation of mental health. As generally used it really means the attitude of a community to its actual or potential mental problems. Abbott has well set forth the task of Mental Hygiene when he says that it must consider and promote:

- (1) good mental endowment;
- (2) good development of the mental capacities;
- (3) good use of them and of the conditions and factors favourable to them;
- (4) elucidation of those conditions and factors that hinder or impair the good development and use of the mental powers;
- (5) the ways of preventing or modifying these injurious conditions and factors;
- (6) ways of restoring impaired functions to their original state of efficiency;
- (7) ways of counteracting the effects of impairment;
- (8) the care of those mentally ill or handicapped.

Thoughtful consideration of this list of what we might call the duties of Mental Hygiene will show just how extensive its relationships must be. It has much to learn from and something to contribute to psychology, education, vocational guidance, general medicine and hygiene, psychiatry and social welfare. It does not hesitate to and in fact it must make free use of the accumulated data of all these sciences—but there is, and in the future will be, vastly more given by it in return. It is to

be particularly noted that Mental Hygiene has only a limited relationship with institutions—it must be an all pervading influence, the beneficent activities of which will be extended to and evident in all walks of life and at all ages.

Taking the first point mentioned, viz, "good mental endowment." Here the aim is the insuring of the largest possible number, not of mere individuals but of individuals having mental potentialities which when developed will enable those individuals to make the best possible adjustment to the demands of their environment. Here we must claim a distinct interest in eugenics as offering some promise of controlling in some measure the transmission of desirable qualities from parent to offspring. Conversely we are also interested in and watching closely the development of sterilization as a means of preventing the transmission of undesirable qualities or defects. We are not prepared to go the whole way with the most enthusiastic proponents of sterilization. One believes that the time will come when agreement as to its value and limitations will be reached and it will become a useful measure, always to be utilized, of course, with the greatest care and circumspection. There is, however, a considerable difference between being personally convinced of its usefulness and efficacy and carrying that conviction to the great mass of people to whom life and its propagation are and will long remain a *Right*, to be snatched and thoughtlessly assumed, instead of a privilege to be accepted in humility and with due sense of responsibility. Since the brains of prospective children may be ruined by prenatal disease in the mother or by injuries at birth we must be and are interested in an elevated standard of prenatal care and better obstetrical practice.

No one has a better chance to know that perfectly good mental

endowment may be hindered or turned aside in its development by poor training, bad environment or the infectious diseases of childhood. Here it will be seen that those who have Mental Hygiene at heart must turn their attention to the question of child training, not only in school but at home, to the general improvement of the social level and to all that has to do with the eradication or limitation of infectious disease. It is the constant desire of psychiatrists to trace to its genesis every single case of mental disease or defect. We are not particularly interested in a mere diagnosis: a mere tagging of this or that clinical case, we want to know what factors united to produce the wreck. Not only so that we may eradicate them in this given case but so that we may do all that we can to prevent them from producing other wrecks. In the case of mental breakdown for instance, we know that such breakdown is the result of poor adjustment of the individual to his particular life setting and it is our business to discover the factor or factors that have acted as constant irritations causing smouldering resentment and excitement or frustrations leading to discouragement and despair. Here we find the evil influences of ignorance, misinformation or educational deficiencies, of vice or bad habits, of dissatisfaction or a disrupting lack of interest in the daily task, of unhappy domestic life, and so on. From knowledge of these things and the way they act, we try to discover and establish means of preventing or modifying these injurious conditions.

We are constantly looking for means of treatment, means of restoring impaired function or, if this is impossible, means of utilizing what is left, and last of all we are of course interested in the kindly humane care of the utterly incurable.

From such a hasty view of the broad field of Mental Hygiene you



will see how manifold and multiform our interests are. They reach from intense interest in one occurrence in one individual's life to an equally intense interest in the structure and deficiencies of *Society*. Pierre Janet, the great French psychiatrist, says that the two chief causes of breakdown are (1) too little work, (2) bringing to a common level the ambitions of all classes by philosophic ideas in regard to the equality of men. He says, and with more truth than the ultra democratic would grant to it, that it takes several generations to make a minister out of a janitor's son. The need, he believes, is to make the social struggle less severe, to check the desire to acquire social position too early and to discourage dangerous ambition. It is his belief that failure to do these things and in fact the actual encouraging of them, as is so common, nowadays, is largely responsible for much alcoholism, much drug addiction and much mental breakdown.

This then is the great field of Mental Hygiene. That it should be of interest, of paramount importance to the nurse would seem to need no argument, and yet it does. Now, what arguments may we advance for closer relationships and understanding between Nursing and Mental Hygiene?

It has always seemed to me that there are three good reasons for closer relations and these may be stated as:

- (1) Direct benefit to mentally ill patients and the general organization in mental hospitals.
- (2) Enhancement of the value and knowledge of Mental Hygiene among the people generally.
- (3) Improvement of nursing generally.

Mental illness is a very real thing. There was a time, as we all know, when unfortunate mental patients were looked upon as beings possessed of demons. It corresponded pretty closely in point of time with

the period when men generally were taught to fight a good fight against the devil and all his works, and the devil then was apparently not such a subtle influence as nowadays. His works were seemingly more in evidence and the poor mental patients, victims of demoniacal possession as it was believed, received pretty drastic treatment in the way of exorcism. Then there followed a remarkable revolution of feeling: mental patients became objects of reverence, creatures who while "they walked on earth held their conversation in Heaven," their incoherent babbling being regarded as revelations from the Deity himself if they could but be understood. Through a succeeding period of fatalism and helplessness, when institutions called asylums were built to house and protect these much misunderstood and much mistreated people, we have seen in our own time the development of a rational view of the whole subject of mental disorder and the ways and means of dealing with it. Now we no longer think nor speak of demoniacal possession, lunacy or asylums, but of actual disease and hospitals.

The presence of disease is or should be a challenge to your profession and mine, and so it has proved. We are no longer interested in mere housing and feeding these unfortunates, nor will mere diagnosis satisfy us. Nothing will do now but determined effort to establish the basic causes of mental disease, to trace its genesis and to exert ourselves to the utmost to nullify or circumvent the pernicious factors that have produced the disease. The constant tendency is to steadily transform mental hospitals into centres for active treatment, and in this transformation nothing has done nor will do so much as improvement in the standards of nursing care.

In mental hospitals there are more sick people than in all the other

hospitals put together. Do they not need kindly, helpful care from both you and me? And if they need care can we not give them something better than they have had? True, some will not benefit, but large numbers of those physically ill do not benefit greatly by our well intentioned efforts. Many will benefit. There are many many cases where painstaking effort is well repaid. Physicians cannot do all there is to be done: perhaps the greater opportunity for usefulness lies with the nurse. Furthermore, many mental patients we find can very well be cared for at home or in general hospitals: but this is possible only when there is a supply of interested and competent nurses available.

I think we may safely assume that the right of mental patients to adequate nursing care will be a cause for deep thinking and perhaps altered point of view in the nursing profession. In addition to actual nursing, there are positions in occupational therapy and psychiatric social work for nurses who have had sufficient preparation. Nurses in the field of social hygiene and industry greatly need the mental hygiene outlook, in order that they may appreciate and attempt to remedy imperfect or abnormal adaptations to life and work. And in the nurse's general work, knowledge and interest in the fundamentals of psychiatry cannot help but be of assistance. The typhoid or puerperal case with delirium, the advanced nephritic with his mental complications, the cardiac case with his depression or confusion, the goitre case with her restlessness and swiftly changing moods—all these are supposedly general nursing problems, but they are not essentially different from frank mental cases. Should not the nurse who is prepared and willing to assume the care of such cases know something of the cause and meaning of these complications? Will it not directly benefit the pa-

tient and heighten the nurse's satisfaction and usefulness, to have the understanding that must result in patience, resourcefulness and dignified competence?

But perhaps the greatest opportunity comes to the nurse doing public health work. A large part of her work is in and about the schools. Here is the strategic point for the detection of mental defect or the early manifestations of character abnormality that later blossom into psychoses. Childhood is the golden period for Mental Hygiene but too often the school nurse, running down tonsils, adenoids, carious teeth, weight curves, scabies and contagious diseases, remains quite oblivious to the early phenomena of nerves or mental disease.

With the public health nurse, good work is the passport to the homes in her community, and her opportunities there are manifold for "the word that sticks is the word that follows work." Her first chance comes in the prenatal period when much that she can do will eliminate anxiety and worry that interfere with the mother's health and that of her developing child. In infancy the foundations of valuable habit formations both in matters of bodily function and relationships with the surrounding environment afford chances for splendid preventive work.

Think of all the points in child life and development where unremitting, tactful and sympathetic guidance for both parent and child is necessary. Who can supply it as well as the nurse who has both knowledge and the confidence of the family?

All of this applies almost equally well to the private duty nurse who as she goes about to the homes of the people can do great work as a missionary, tactfully giving suggestions here, answering plainly pertinent questions there. The public were never as interested in mental health, and especially child guidance, as



now. Who but the properly equipped nurse, has such an opportunity to keep alive and even to stimulate this interest?

Nurses are human beings; their personal attitudes and problems by and large are much the same attitudes and problems that appear in the lives of most people. A very fair number of them have had difficulties in establishing "normal reactions to natural instincts and impulses, in training themselves to control activities and impulses and in concentration on the thing at hand, in developing an active attitude in the face of difficulties, in developing normal social relations and a normal sense of independence." These deficiencies in early training mean lions in the path later in life. A knowledge of psychology and behaviour mechanism will undoubtedly help her. She may in this way gain an insight into and be in a position to control in herself such problems as "unfounded suspicions and anxieties, ill balanced enthusiasms, sudden mood changes without adequate reason, uncalled for feelings of being at a disadvantage, feelings of inferiority, morbid indecision, tendencies to too ready despair, peculiar warped mental attitudes, lack of desire for natural social intercourse." She may in this way learn to make rapid mental adjustments, to think clearly, be firm in decisions and act quickly and to keep her emotions under firm control.

But the advantage does not alone lie in increased resourcefulness, patience and tact, nor in clear recognition and ability to deal with her own personal problems. She will have a more intelligent outlook on the general and special problems of her life and work but she will also be a better and more useful citizen of the world in that she will clearly see that body is not everything, that mind, the thing that controls the body in all its reactions either in health or disease, is of equal or

greater importance. She will see that the sum total of the world's sorrow and distress and inadequacy is largely contributed to by mental maladjustments and deficiencies and is a social problem of staggering magnitude. And being a good citizen she will contribute what she can to its alleviation.

Having heard all this, the pragmatic question of why nurses shun the field of Mental Hygiene no doubt occurs to you. In the October, 1922, number of *The Modern Hospital*, Miss Bailey sets forth the reasons as she sees them and one feels that she leaves little to be said. She states that the first reason has been that in mental work the medical care and treatment has lagged and not kept up with the progress made in other branches of medicine. This is partly true. In mental institutions, state controlled, the bane of political influence has too often militated against anything approaching medical efficiency. The political doctor is seldom an up to date physician; but in all parts of the world this business of making mental hospitals political footballs is dying out: not without a struggle but none the less surely. Then, too, the difficulties of advancement in psychiatric theory and practice are greater than in other types of medicine. Even with this the strides made in the past ten years are remarkable. So that the first of Miss Bailey's reasons may be considered to be in a fair way to elimination.

She further objects that nursing in mental hospitals has too often been police duty plus the work of a good domestic, that such instruction as is given is too strongly coloured by the needs of the administration, that the educational standards are low, working hours long, living conditions bad, that there is lack of opportunity to know and understand patients' problems. Here again every one of these difficulties, existent truly enough in the past,

are surely being overcome but with, one regrets to say, little or no assistance from the organized nursing profession: sometimes we must say, in the face of definite opposition. Why should there be this opposition or this apathy to such a large, important and growing division of nursing? What has been the general effect of a resolution passed by the American Nurses' Association sixteen years ago, to the effect that "a more definite interest should be stimulated in this branch of nursing?"

If one were asked for a solution of the problem one would at once answer: close affiliation between general hospital and mental hospital schools of nursing. It is my belief that every nurse should have some psychiatric training and in urging it I hope I shall not be relegated to the side lines as a special pleader. I believe that no possible harm can come from such a requirement but that much good will accrue to the nurses, the patients, be they mental or otherwise, and to the general public. I believe also that the time is not far away when the same public will expect it. Where can such training be obtained? In mental hospitals where there is a vast variety and amount of clinical material, on the whole better classified

and better worked up clinically than in most general hospitals.

How can it be brought about? Only by the education of training school authorities, society, even the medical profession itself. I think that the nursing profession would find most if not all mental hospital authorities willing and anxious to co-operate. Surely from such co-operation it could be arranged that all nurses would have a grounding in the anatomy and physiology of the nervous system, psychology and the principles of normal behaviour, psychiatry and psychiatric nursing with its broad viewing of the whole sick individual (not just an artificially stimulated interest in one part of his physical body), and some insight into the theory and practice of psychiatric social service and occupational therapy. The question should not be: what is the minimum time that can be given to this? but rather what is the maximum that can be given without of course seriously cramping other fields?

I have said enough, perhaps too much. But a few words more. I know as you too must know that one thing that never fails to bring satisfaction is service rendered. In the field of Mental Hygiene there are opportunities for service: opportunities to add what we can to, not to get what we can from, life.

## *Public Support of Nursing Services*

By MABEL FINCH, Secretary, United Farm Women of Manitoba

We are erecting today in Canada a Temple of Happy Homes. Each citizen is a builder, designing and carefully chiselling the stone which he shall fit into place at eventide.

The foundation of this temple is the foundation of all satisfying life. It is Health. "Health preservation rather than cure" has been carved in every stone of the base laid by our public health nurses.

### *Bed Rock*

They did not found this structure on shifting sands. Down to bed rock they sank their shafts and started to work with the mothers. Full well they realized that trained mothers would mean more happy firesides watched over by the sheltering care of both parents: fewer little mounds on the hillside to mark the mistakes of ignorance. To them they there-



fore came with their skill and scientific knowledge, interpreting their message in terms of the home, in order that struggling humanity might have life and have it more abundantly.

It is in this sphere that the United Farm Women of Manitoba and many other rural women's organizations have found the public health nurses one of their greatest blessings. Willingly they have responded to invitations to address meetings, and there small groups of women have learned the sacredness of their task of bringing life into the world; the possibilities within their reach of alleviating suffering; the opportunity of preserving the life of their babes by proper care of their bodies, selecting the most nourishing foods, and securing early, competent medical advice.

In rural districts the prospective mother is often hesitant about seeking consultation with trained workers, but the personal chat with the nurse after the meeting or in the home soon wins her confidence. She wants to do what is best for herself and child, but does not know how. She is skilled in music, needlework and cooking and knows the ethics of business, but from early childhood she has been taught to believe the myth, "Women are born mothers": hence has not sought education in this field. As a result she finds herself enveloped in darkness, anxiety and worry. Then, with the nurse's sympathetic understanding and unfolding of words of wisdom, her chrysalis breaks and she becomes a new woman, a woman who is anxious to grasp and master every fact that will make her a capable and intelligent mother, competent to look after the little life entrusted to her care.

Closely associated with the nurse's personal visits are the Mothers' Books and Pre-Natal Letters. To those in outlying districts without the service of a doctor or a nurse, these monthly letters are the mother's only ray of hope and sunshine. A mother recently expressed

her appreciation in these words, "One could not read them without wanting a baby of one's own." Thousands of pre-natal letters find their way every year into all parts of Manitoba through women's organizations and other agencies, yet many more would be sought and much health literature asked for if the service were still more widely known. Is it any wonder, then, that from those who have learned its value we find the request coming that the Nurses' Department establish a service through rural papers and magazines, so that there will appear regularly stories popularizing health, even as home economics is today made attractive in the press.

Women are gradually awaking to the fact that they have a vital part to play in the preservation of health; that a large measure of the responsibility is theirs for four maternal deaths per day in Canada, and as a result, fourteen little children left motherless daily. They are therefore using the knowledge acquired through the public health nurses' lectures and literature, not only for self-enlightenment, but to educate school boards and convert members of municipal councils to the support of a sound economic programme, which will save the lives of thousands of infants by providing child welfare clinics and nursing services for all.

#### *Foundation of Temple*

When the baby appears a new bond unites the mother and the nurse through the loving care bestowed on her infant. One often hears it said: "Give me the first six years of a child's life and you may have the rest." Possibly nowhere can this be claimed to be of greater value than in the child welfare work carried on by our public health nurses. The preservation of the health of the pre-school child forms the foundation of our temple. Mothers are only beginning to learn the value of the nurse's help during this period.

They are only beginning to realize that as the general health standard in the home is raised the more impossible is it for fatal diseases to make their entrance. To enable the child to escape contagious diseases to which his age is susceptible, to establish health habits, to see that he follows a diet suitable for a growing child, to detect symptoms of disease and see that he receives proper medical attention, all this is embodied in the service rendered by the public health nurse.

Though this is carried on during visits to the home, the most popular form is through child health conferences. Nothing arouses more interest in a community. Telephones become busy consulting as to preparations for the conference; children gather in groups at the school and church, counting the babies in the district that they think are one hundred per cent.; committees work diligently that no family in the community will be overlooked; and in the home itself the chief topic of conversation is the baby and the child beneath school age.

How gay the community hall looks on Health Conference day! The public health nurse has made it a veritable fairyland with her health nursery-rhymes and posters. School children are busily engaged in reading them, while mothers are examining the model layette, the proper equipment for the new arrival, first-aid supplies for the home, and all that goes to make up the splendid educational exhibit for the public.

Devoutly thankful are those parents whose children are one hundred per cent. Even more thankful are those who find disease detected before their child is maimed for life. At a recent conference the nurse noticed, in measuring a little one's limb, that one leg was smaller than the other. The slight difference had not been observed by the parents but was sufficient to receive the consultation of the child specialists who

were present. The diagnosis proved to be tuberculosis. Proper treatment was prescribed. In time the limb was restored to normal. Instead of a crippled man, those parents realize that the future holds for their child the best life has to offer. Needless to say, they are firm supporters of the public health nurse and child health conferences.

It is good for a community to so organize. It teaches unity, co-operation and the pooling of their resources in a determined effort to preserve child life and lower our high rate of infant mortality. Each year interest is spreading. Fathers may now be seen waiting outside the conference hall to see how their children are measuring up. We hope in the future to see such conferences organized so that fathers as well as mothers may be present while their children are being examined. Through the eye one learns to appreciate much more keenly than through the ear alone, and in this way the co-operation of the father will be secured and through him, the support of other men who will shortly have to mark the ballot for or against that municipality supporting the services of a public health nurse.

At best, however, health conferences provide an opportunity for only temporary educational work. To be permanent and to meet emergencies as they arise, there must be a follow-up programme. Child Welfare Stations are the solution of this problem. There the mother may bring her delicate child to be weighed and measured regularly and be advised regarding its diet. Whenever these stations are established they have become the mothers' consulting-room and the centre where many of the young girls love to meet to spend a few hours caring for the babies. The terrible anxiety that before rested on the parents' shoulders when the little one took sick, now is invariably dispelled through the nurse's health instruction. Mani-



toba looks forward to the time when child welfare stations shall be within driving distance of every home, as one of the first steps in the saving of infant life.

#### *Walls*

With physically fit children of pre-school age to form the foundation, it is not such a task to erect the walls of our temple of happy homes. In this task we find parents and teachers busily chiselling under the direction of the trained builders, the nurses. Children have now arrived at the school-age period and parents soon learn that the problem of the community is the problem of every home. One child takes diphtheria, soon there is an epidemic. Must they resort to the old method of closing the school, retarding education, losing economically, and not knowing how far-reaching the epidemic will be or when it will cease? No, with a public health nurse they attack the problem scientifically. Her training enables her to quickly detect disease in its early stages and she reports to the public health officer. The child receives medical care before his life is in danger. Each day school is kept open so that a tab can be kept on every child. Daily they are examined and swabs taken. In a relatively short period the epidemic is checked and time from school is lost only by those who have become patients. There is such great appreciation of the service of the nurses in this field that municipalities which have abandoned them for economic reasons have found they have lost many more times the cost of the support of the nurse, in the cost of epidemics, and have been glad to call for their help again.

It is in her work in the school that the public health nurse in Manitoba is best known. Each year thousands of school children are inspected and thousands found with defects, many of which would otherwise never come to light until they had left

their life impress. The value of follow-up work with these cases is too great to estimate. Democracy is gradually coming into its own and demanding that every child be given a fair start in life, with good health as the foundation.

Children love to co-operate, too, in the building of this health wall. To be a member of a Health Crusade is most appealing; to receive a diploma in a Little Mothers' League gladdens the heart of any teen-age girl. A capable mother who raised successfully ten beautiful children, most of them themselves now mothers, said: "When I watch the children trained in the Little Mothers' Leagues handling babies, I am ashamed of the foolish things I did with mine." We are gradually learning that motherhood requires trained workers.

#### *Gates*

As the builders toil steadily on, sculpturing and fitting into place their stones, we see that the gates of the temple stand open wide. These are the Gates of Service. All who are building may enter in and pass freely to and fro for they are contributing to the happiness of mankind. Let us pause a moment and watch those we see in the passage-way. There are mothers greeting the nurses who have made it possible for their children to grow up strong through the surgical care received at the tonsil and adenoid clinics. There is a family expressing appreciation to the nurse for the clothing that enabled their children to attend school in the winter. There is a father leading by his hand a chubby, robust son, thanking the nurse who persuaded him to take his child to the chest clinic. His was a contact case and the care he received prevented him from following his mother to the sanatorium. There are bright, vivacious children clinging to the nurse's hand. Once they were under-nourished, lifeless, little ones, but through her health

instruction they had the gift of life restored.

We cannot refuse this gift to anyone, least of all to the children; yet today we are only touching the fringe of what lies within our reach. As we look around us on every hand we see numbers suffering through sickness, numbers whose anxiety and pain might be removed through proper health attention. Twenty thousand daily in Manitoba are unable to act as builders on our health wall, because sickness has claimed them. Mothers yet are left to struggle alone through the darkness of child-birth because no doctor or nurse is within calling distance. We need missionaries; women who realize the suffering and will not rest until adequate nursing and medical facilities are provided for all. May we not solicit for this campaign from our department of health, moving pictures that will tell the story of both health and disease? Many will learn through the eye who will not hear through the ear. Rural districts which are the hardest to reach on account of scattered settlement, will respond to a "movie" in the winter months, and obstacles that have long hindered the progress of health service will be overcome.

A few districts have caught the real spirit of democracy and are providing health facilities for all. Some of these have municipal doctors; others have public service nurses, nurses who do bedside nursing as well as the work of the regular public health nurse, but who serve a smaller area. No one can count their value in the saving of suffering and loss of life, but the poverty-stricken homes which before had no health assistance, today bless the sight of the smiling figure in white.

#### *Architecture*

We will have many more such districts when once the people understand. Understanding creates sympathy and sympathy begets vision.

If we would build a beautiful and stately temple symbolic of happy homes, we must have vision. Too long we have taken the work of the public health nurse for granted, expecting her to restore health while we sat by and waited. Is it not time that we went to her as a unit, saying: "We represent many organizations but only one community. 'We believe that babies everywhere should be as well and kindly tended as we would have our own; that motherhood should be protected as we would have the mothers who are dearest to us; that childhood should be as joyous and free to come to its own as ours should be if we had our wish,' and we are here to support you by every means within our power in the promotion of your health programme." Such a citizens' committee in every community would do much to forward the cause of health.

As the builders work on the temple a radiant light streams through the window, caressing the brow of each with its hallowed glow. The tiny panes of coloured glass through which it streams, symbolize the courage, faith and devotion of those who have gone before, the pioneers of the nursing service. The light is the spirit of the present builders, radiant with the steadfast faith of the pioneers, cheering each other as they chisel, day by day. At night, as the stars come out silently, one by one, in the azure sky, the hands of the workers cease from labour and a quiet peace enters their souls. To them has come the message from their great co-worker, the Master Builder, who speaks as they rest on the old gray wall:

"Did the hand of the builder guess,  
As he laid me stone by stone,  
A heart in the granite lurked  
Patient and fond as his own.

"Ah, when will ye understand,  
Mortals who strive and plod,  
Who rests on this old gray wall  
Lays a hand on the shoulder of God."



## Book Reviews

**Four Centuries of Medical History in Canada:** By Dr. J. Heagerty, M.D., D.P.H., Department of Health, Canada, with a preface by A. G. Doughty, C.M.G., F.R.S.C., Dominion Archivist. In two volumes boxed, Toronto. The Macmillan Company of Canada Limited, at St. Martin's House, 1928, \$12.00.

All good Canadians, and not merely those associated with the medical and nursing professions, owe a debt of gratitude to Dr. Heagerty for this fascinating work. In our early years Canadian history seemed only a dry record of the comings and goings of various governors and of struggles over constitutional changes. The work under review is filled with human interest; the sufferings of the early explorers from scurvy, the ravages of small-pox among the Indians, the devoted and heroic labour of the nursing sisters in the first hospitals on this continent, the tragic fate of thousands of Irish emigrants who perished of ship's fever at Grosse Isle, the records of pioneer physicians who in many instances played a large part in public affairs, the humble origins of what are now vast and splendidly equipped hospitals, all these and more go to make up these two volumes. While the subject is that of medical history the scope of the work is national in character.

Much of the appeal to the general reader lies in the fact that the author allows contemporaries to tell their stories for themselves. The archives at Ottawa, so rich in number and presided over by a prince of archivists, have been thoroughly explored and Jacques Cartier, the Jesuit Fathers, Soeur Francoise Juchereau, the historian of the Hôtel-Dieu of Quebec, as well as many others tell their tales in their own words.

History is viewed by Dr. Heagerty not as a struggle between principalities and powers or between contending statesmen, but as the fight of human beings against disease, ignorance, and the forces of nature. This book is the story of the efforts of communities to protect themselves against the ravages of disease and to learn from the mistakes of the past.

Part 1 deals with epidemics of disease which have profoundly affected the history of this country; part 2 with pioneer physicians, part 3 with medical and surgical progress, medical journals and societies, part 4 with public health, part 5 with medical schools, and part 6 with hospitalization. The appendix contains a sketch of the history of medicine in Newfoundland, an excellent bibliography and an index. The frontispiece is a reproduction of the flyleaf of Dr.

Jenner's book on vaccination presented by him to the Chief of the Five Nations, and there are many illustrations, among them those of Jeanne Mance, the foundress of the Hôtel-Dieu de Montréal, the Duchesse d'Aiguillon, niece of Cardinal Richelieu, benefactress of the Hôtel-Dieu de Quebec, and the arrival of the Ursulines and Sisters of the Hôtel-Dieu at Quebec, 1639.

Perhaps the most thrilling chapter in the work is that dealing with the first arrival of nurses in Canada; three sisters of the order of Les Religieuses Hospitalières de la Miséricorde de Jésus, the eldest of whom was 29 and the youngest 22. Quebec turned out en masse to greet them, but no sooner had they begun work than they were almost overwhelmed with the magnitude of their task. All diseases were indiscriminately admitted to the hospital and scurvy, typhus, and non-infectious diseases were apparently treated side by side. Little was known of preventive methods, and no precautions that we know of, apart from a meticulous regard for cleanliness, were taken to prevent the spread of infection. To join the order of nursing sisters in those days meant death; yet their ranks were always filled. How would those forerunners of the modern trained nurse have rejoiced could they have realized that their heroic devotion to duty in their crowded little wards would make possible the great hospitals with their wealth of scientific equipment and great training schools of today!

These volumes of Dr. Heagerty offer fascinating reading to the medical student and practitioner, to the nurse, to the social worker, to the student of history, and indeed to every good Canadian citizen who will rise from a perusal of their pages with a greater realization of the influence of disease upon history, and a feeling of profound gratitude to the unsung heroes and heroines of the medical and nursing professions who were not afraid of the pestilence that walketh in darkness nor for the destruction that wasteth at noonday.

ROSS MITCHELL, M.D.

**Makers of Nursing History**, recently published by the Lakeside Publishing Company of New York and edited by Miss Meta Rutter Pennock, contains biographical sketches of nurses who have been responsible for the development and progress of nursing from late in the sixteenth century to the present day. This brief history should prove a valuable contribution to all libraries for nurses.

## News Notes

During and following the recent Birnrial Meeting, Canadian Nurses Association, many nurses visited the National Office for the first time since headquarters was established by the Association. Later in July Miss Annie M. Goodrich, Dean, Yale University School of Nursing, and Miss Mary M. Roberts, Editor, The American Journal of Nursing, spent a day in Winnipeg when en route to the Pacific Coast. Previous to a visit to National Office Miss Goodrich and Miss Roberts were entertained at luncheon by a representative gathering of local nurses. Miss Mabel F. Gray, assistant professor of nursing, University of British Columbia; Miss Maude Retallick, secretary and registrar, New Brunswick Registered Nurses Association and Miss Nan McMann, recently appointed Western Supervisor of the Victorian Order of Nurses for Canada, were guests at the luncheon.

### ALBERTA

CALGARY G.N.A.: Misses J. Hennessy and M. Popson, have left for Portland, Ore., where they will engage in private duty nursing.

Miss Uriertz (Holy Cross Hospital, 1927), has accepted a position at the Red Cross Hospital, Consort.

Miss Jackson (Holy Cross Hospital, 1927), is on the office staff of Drs. McEachern and Merritt.

Miss Dalton is enjoying a vacation in Alaska, Vancouver and Seattle.

The association held a picnic on July 4th at Bowness. Owing to the unsettled weather attendance was small, but a very pleasant time was spent.

The annual joint convention of the Alberta Association of Registered Nurses, Alberta Public Health Officers Association, and Alberta Hospitals Association, was held on June 25th and 26th in the Memorial Hall, Calgary. There was a large attendance, and much important business was transacted. On Monday, June 25th, a luncheon was given at the Palliser Hotel to over 70 members of the three associations. The speakers included Dr. Whitelaw, M.H.O., Edmonton; Dr. Baker, of Keith Sanitarium, Miss Macdonald, retiring president of the A.A.R.N. and Miss Eleanor McPhedran, newly elected president of the A.A.R.N.

Miss Agnes Kelly is enjoying a vacation in Prince Albert, Sask.

### BRITISH COLUMBIA

RESULTS OF EXAMINATION FOR CERTIFICATE OF REGISTERED NURSE: The following nurses obtained certificates and the title of Registered Nurse at recent examinations held in various centres in British Columbia. Names are placed in order of standing.

Misses K. Deakin, Vancouver General Hospital; E. Ellis, Vernon Jubilee Hospital, Vernon; E. McNaughton, Royal Inland Hospital, Kamloops; E. Graham, Kootenay Lake General Hospital, Nelson; L. Christian, G. Carey, C. Spence, M. Collins, E. Paulson.

70-80%—M. Ashley and Mrs. D. Evans equal; M. Osborne, E. C. Johnson, L. Coburn, (E. C. Higgs, A. Nelson equal); M. Bradley, (A. Binnie, E. Cunliffe equal); M. Cluness, (A. Payne, M. Wallace equal); F. McDonald, (A. Aylwin, B. Chell, S. Kearney equal); B. Anderson, H. Butterfield, (D. Anderson, K. M. Gordon, R. Lister equal); D. Workman, (W. E. Kerr, B. Whitelaw equal); (C. Dilworth, R. Rothwell equal); I. Calvert, J. M. Green, J. K. Kirby, Sister Celina, D. Wittmayer equal; V. Hopson, M. E. Smith equal; E. Edgar, W. A. Grigg equal; J. Davis.

60-70%—K. James, H. Miller equal; G. Rowse, I. Thompson equal; M. Bellis (E. Kinney, D. E. Miller equal); V. Miller, (M. Cormack, M. Lidstone equal); E. Glanville, Mary E. Swanson, (G. Arkell, I. M. Cowie, A. Jordan equal); I. Shaw, O. Morrison, (M. Dobb, Mrs. F. Hawksworth, M. McComb, E. M. Fox equal); (Margaret E. Swanson, J. Wilson equal); R. Kittson, C. Smythe.

50-60%—Frances M. Swanson, C. M. Cornwall, I. Ehlers.

Passed Supplementals—R. E. Johnston, K. I. Kipp.

Passed with Supplementals to write—H. Blackburn, W. Cloke, P. Edwards, D. Forde, C. Hardie, B. Leonard, J. Lockie, M. Maggs, F. Matthews, L. Morrison, F. Ruttan.

VANCOUVER: The graduating exercises of the Vancouver General Hospital School for Nurses were held on June 1st at the Arena Auditorium. The platform was beautifully decorated with irises, yellow and blue, and the addresses were given by: The Hon. T. D. Pattullo, Provincial Secretary; His Worship Mayor Taylor; Dr. R. E. McKechnie, Chancellor, University of British Columbia.

The Class of 1928 comprised 69 graduates, and diplomas and medals were presented by Mr. George A. Walkem, Chairman, Board of Directors, and Miss K. W. Ellis, superintendent of nurses.

Prizes were awarded as follows: The R. E. McKechnie Medal for General Proficiency, Miss B. I. Thompson; the Glen Campbell Prize for Nursing in Diseases of the Ear, B. I. Thompson (by reversion to Bernice E. Anderson); the Allison Cumming Medal for highest standing in Medical Nursing, B. E. Anderson; the Carder Prize for General Proficiency in Pediatric Nursing, I. W. Shaw; the Seldon Medal for highest standing in Surgical Nursing, M. G. Lusk; a Memorial Scholarship awarded for highest proficiency in Gynecological and Obstetrical Nursing, G. G. Davis; the Geo. H. Cottrell Prize for the highest proficiency in the Practice and



Theory of Dietetics, B. I. Thompson; the W. A. Dobson Prize for highest standing in Mental Hygiene Nursing, Della M. Sinclair; prize for the highest standing in Practical Nursing (donated by Johnson & Johnson), I. W. Shaw (by reversion to Gwendolyn O. Rothwell.)

The following graduated from the Vancouver General Hospital on completion of University Course for B.Sc. (in Nursing): Misses M. E. Harvey, M. G. J. Johnston, F. MacKenzie, V. M. Swencisky, A. T. Yates.

The Valedictory was given by Miss Eva M. Irwin, after which the nurses and their friends attended a reception given in their honour. The week previous to graduation the class was royally entertained by the board of directors and the Alumnae Association.

**BURNABY:** Miss V. Swencisky (University of British Columbia) has been appointed to the staff of the V.O.N.

### MANITOBA

**GENERAL HOSPITAL, WINNIPEG:** Miss Carrie McLachlan (1908), superintendent of the United Church Home for Girls, East Kildonan, died on June 19th, 1928, at the Winnipeg General Hospital. Burial took place at Shoal Lake, Man.

Miss Irene Harris (1919), on furlough from China is visiting in the city and expects to return to China in September.

Miss Gertrude Johnson (1919), has resigned from the staff of the W.G.H.

Former graduates of the W.G.H. attending the recent general meeting of the C.N.A. were: Misses M. F. Gray, A. M. Forrest and M. Montgomery (1907); K. Cotter (1906); Jean Houston (1915); Jean Duncan (1927); Lillian Lynch and Ruth McLelland (1914); R. M. Simpson, Gladys McDonald, E. G. Craig (1917); Mrs. W. Clayton (Campbell) and Mrs. Wm. McKenzie (Connor) (1914).

Mrs. Bruce Hill (1901) opened her beautiful new home at St. Charles for a tea on July 10th in honour of some of the visiting delegates.

Recent visitors to Winnipeg have been: Miss Margaret McGill (1913); Mrs. Stevenson (Belmont, 1916); and Miss K. E. Gray (1916), supt. of nurses, Colonial Hospital, Rochester, Minn.

Miss Winnifred Stevenson (1927) is on the Social Service Staff, W.G.H.

Miss Vida Paget (1927) has returned from Henry Street Settlement on account of ill health.

Misses Emily Parker (1913) and I. McDiarmid (1921), left early in July for a holiday abroad.

### NEW BRUNSWICK

**ST. STEPHEN:** The annual meeting of the New Brunswick Registered Nurses Association met here on June 19th and 20th. A large number of delegates were present and Miss A. J. MacMaster, the president, presided.

Miss Maude Retallick gave a very excellent report as secretary-treasurer, showing the finances of the Association to be in a very satisfactory condition. Miss Retallick also reported as registrar and secretary of the

Board of Examiners. Reports from local chapters were read by various representatives; Miss Murdoch and Miss Kay gave reports on the Nursing Education Section, and Private Duty Section respectively, and Miss Ella Cambridge on "The Canadian Nurse".

Following an interesting discussion on the necessity for the higher education of young women entering the nursing profession, a resolution was passed to the effect that at least one year in High School would be required. A meeting of superintendents of training schools in the province was held and many problems discussed. Dr. W. E. Gray gave an address on Gall Bladder Conditions. Dr. H. I. Taylor, minister of health, was the speaker at the dinner given in honour of the delegates and members of the Association. Miss Jean Browne's very interesting address at the morning session was followed by a round table discussion of the problems of hospitals, and Miss H. S. Dykeman, convener of the Public Health Section of the Association, read a paper. At noon the delegates were entertained by the local chapter at a luncheon. At the afternoon session officers were elected, the report of the resolutions committee received, and votes of thanks passed to all those who had contributed towards making the meeting so successful. The very cordial invitation to hold the next annual meeting in St. John was unanimously accepted.

**HOTEL DIEU HOSPITAL, CAMPBELLTON:** Sister Kerr, superintendent of nurses, and Sister Audet, anesthetist, attended the Maritime Conference of the Catholic Hospital Association, of which the latter is president. Later Sister Kerr attended the Graduate Nurses' Course at Dalhousie University, Halifax.

**MONCTON:** At a special meeting of the Registered Nurses Association held last September it was decided to pledge \$500 towards the Hospital Building Company. In order to raise this money a bridge was given in October and a dance on November 11th. On February 14th a tea and musicale was held; on April 26th another successful dance was given; and on May 19th a rummage sale was organized. At the June meeting of the Association it was decided to make a linen chest, the drawing for which is to take place at a dance to be given on October 31st, 1928. It is hoped the proceeds will complete the amount pledged.

The graduation exercises of the class of 1928 were held on the evening of May 12th. After the exercises the graduating class, the doctors and their wives, and friends were entertained by the Registered Nurses Association at a supper and dance in the Odd-fellows Hall.

### NOVA SCOTIA

The annual meeting of the Registered Nurses Association of Nova Scotia was held at Yarmouth June 5th, 1928. The following officers were elected: Miss C. M. Graham, President; Miss M. A. Watson, First Vice-President; Miss Edith Fenton, Second Vice-

President; Miss Agnes Cox, Third Vice-President, and Miss L. F. Fraser, Treasurer and Corresponding Secretary

Most important among the items discussed was the matter of standardization and inspection of training schools for nurses. Some time was spent in a study of the preparations for the meeting of the International Council of Nurses, to be held in Montreal in the summer of 1929. Miss M. A. Watson was appointed delegate to the general meeting of the Canadian Nurses Association, 1928, but was unable to accept, owing to her many duties. Miss Claudia M. Fleming, superintendent of the Nova Scotia Hospital, Dartmouth, was appointed in her stead.

The Refresher Course for Nurses held at the Dalhousie Public Health Clinic, June 25th-29th, 1928, under the auspices of Dalhousie University, the R.N.A. of Nova Scotia, and the Halifax hospitals, opened with a registered attendance of 95 nurses, representing graduates from hospital training schools in six different provinces, many of the eastern states of the U.S., Ireland and England, and practically every branch of nursing. Among the nurses giving lectures, etc., may be mentioned Miss Mary Beard (advisor in nursing of the Rockefeller Foundation); Miss Claudia M. Fleming, Miss Hilda M. MacDonald, Sister M. Rita, Miss Lenta Hall, Miss Gladys E. Strum, Miss Mary F. Campbell and Miss Margaret MacKenzie. Outstanding doctors, many of them members of the medical faculty of Dalhousie University, gave lectures on a number of intensely interesting subjects. Miss Eileen Boland (posture technician, Dalhousie Public Health Clinic), gave a demonstration of massage and special exercises; Miss Margaret Lowe (Pathological Institute), Kahn Test.

The following Nova Scotia nurses received diplomas at the graduating exercises on June 6th, 1928, at the Montreal General Hospital: Misses D. R. Coffin, M. D. Heisler, F. E. M. Smith, A. C. Grant, M. J. Hervey, S. A. Hicks, A. P. Johnson, K. A. Turner.

The many friends of Miss Griffith (Victoria General Hospital, 1928) will be glad to learn that she is recovering from her serious illness at the home of her parents at Dartmouth.

Miss Ethel Barkhouse is spending the summer at her home in Chester. Miss Jean MacDonald, of the Nova Scotia Hospital, is spending her vacation at her home in Eastern Passage. Miss Annie Desmond is with her parents at Parrsboro, and Miss Kathleen MacGillivray is visiting her parents at Antigonish.

**DARTMOUTH:** Miss Katherine Beattie (Victoria Hospital, London) has been appointed to the position left vacant by the resignation of Miss Gladys Way, in the V.O.N.

**LUNenburg:** Miss Mary McCuaig (Toronto General Hospital) is opening the new V.O.N. district of Lunenburg.

### ONTARIO

Paid up subscriptions to "The Canadian Nurse" for Ontario in July, 1928, were 1,166, 47 more than previous month.

### APPOINTMENTS

Miss Eileen Graham (Ottawa Civic Hospital, 1926), night supervisor at Victoria Hospital, Renfrew.

Misses Lolita Best and Vivian Hill (Montreal General Hospital, 1927), and C. Clarke (Western Division, M.G.H., 1926), floor duty, Strathcona Hospital, Ottawa.

Miss Gladys MacDougall to the staff of the V.O.N. in Border Cities.

Miss Laura Webb to the staff of the V.O.N. in Belleville.

Miss Marguerite Pauze (Notre Dame Hospital, Montreal) to the staff of the V.O.N., Cornwall.

Miss E. Raillton (Victoria Hospital, Winnipeg) to the staff of the V.O.N., Renfrew.

Miss Louise Grover (Toronto General Hospital), V.O.N. staff, transferred from Renfrew to Toronto.

Miss Florence Kuntz (St. Michael's Hospital, Toronto, 1926), has been appointed night supervisor in the Obstetrical Department, St. Michael's Hospital.

Miss Christine Fraser, who completed the Public Health Course at the University of Toronto this year, has been appointed to the staff of the Department of Public Health, Toronto.

Miss Margaret Orr (Toronto General Hospital, 1914), assistant superintendent, Shriners' Hospital, Montreal.

Miss Nettie Fidler (Toronto General Hospital, 1919), teaching staff, Toronto General Hospital.

### DISTRICT 1

**FORT WILLIAM:** Miss Barbara Bell, assistant superintendent, McKellar General Hospital, has left for New York, where she will take the summer course for Instructors of Nurses at Teachers' College, Columbia University.

### DISTRICT 2

**GENERAL HOSPITAL, BRANTFORD:** The sixteen graduates of the 1928 Class will carry life-long memories of a very successful graduation ceremony held on May 14th. The Board of Trustees, the Women's Hospital Aid, the Junior Hospital Aid, the Medical Staff and the Alumnae united with the staff to make this function a success. The Rev. Archdeacon Cody, of Toronto, and Mr. A. M. Overholt, principal of the Brantford Collegiate Institute, also took part in the programme. Friends were present from many out-of-town points. Scholarships were awarded by the Women's Hospital Aid, the South Brant Women's Institute, and the Maud McDonald Chapter of the I.O.D.E. A prize for general proficiency was presented by Miss McKee, superintendent of the School, to a member of the Junior Class.

Among the activities of the Alumnae have been a dinner dance for the graduating class, the appointment of delegates to the provincial conference at Chatham and the national conference in Winnipeg, and a presentation to Miss Isaac, one of its missionary members, who leaves in September for



missionary service at a hospital in South China.

At the May meeting of the Alumnae Miss Davidson gave an interesting report of her visit to the annual meeting of the R.N.A.O. at Chatham.

#### DISTRICT 4

District 4 of the Registered Nurses Association of Ontario held an interesting meeting at The Refectory, Niagara Falls, Ontario, on the afternoon and evening of June 16th, 1928. Going by chartered bus, the members from Hamilton and vicinity joined other members at St. Catharines and proceeded by way of the scenic drive.

The afternoon business meeting included reports of the annual convention of the R.N.A.O. and the appointment of Miss Moran as delegate to the convention of the C.N.A. A committee was appointed to organize the district to meet its responsibility in connection with the International Council of Nurses. Miss Ella Buckbee is general convener, with sub-committees covering each section of the district.

The evening session, following an association dinner, included music and an address by Dr. E. C. A. Crawford, of Niagara Falls, on the experiences of his unit in Egypt.

ST. JOSEPH'S HOSPITAL, HAMILTON: The graduation exercises, class of 1928, took place on May 16th. Thirty-three nurses received their diplomas. Prizes were awarded as follows: First for General Proficiency, Miss Annette Egerton; Second for General Proficiency, Miss Genevieve Murray; Efficiency in Bedside Nursing, Miss Dorothy Pitt; Medical Nursing and Examination, Miss Besilla Cronin; Gynecological Nursing and Examination, Miss Mabel Clifford. The Right Rev. J. T. McNally presented the diplomas and medals.

GENERAL HOSPITAL, NIAGARA FALLS: On June 13th, 1928, the Nurses Alumnae Association gave a dinner at The Refectory in honour of the graduating class and staff.

The Association held its annual picnic on June 7th at the home of Mrs. Charles Pines (Bessie Secord, 1920), Niagara-on-the-Lake. Fifteen members were present and a delightful afternoon spent.

#### DISTRICT 5

ST. MICHAEL'S HOSPITAL, TORONTO: Miss Lulu Marrin (1920), of the staff of the Ford Hospital, Detroit, is spending a month's holiday in Toronto.

A happy reunion of the September section, Class of 1920, took place in Toronto, July 5th, in the form of a bridge and dinner at the home of Mrs. Frank Lobrano (Irene Legree). The following nine members, out of a class of fourteen, were able to be present: Mrs. Thos. Wahll (Maisie Young), Windsor; Mrs. Sheehan (Pauline Burns), Detroit; Mrs. McKay (Mary Hanley), Kitchener; Mrs. J. McAneny (Alice O'Reilly), Caledon; Miss Maud Lawlor, Kamloops; Misses Edna Rosar, Helen McGeagh, and Mary McQuillen, of Toronto.

Miss Rita Egan (1926), has left for New York, where she will be engaged in laboratory work.

Miss Margaret Blackhall (1921), has entered the Community of St. Joseph, Toronto.

GENERAL HOSPITAL, TORONTO: Miss Velma Hayes (1922), who is slowly recuperating following a recent illness, is now at her home in London, Ont.

Miss Frances Van Duzer (1922), who has resigned from the staff of the Ford Hospital, Detroit, is engaged in private duty nursing in Toronto. Miss Olive McNee (1922), who is doing institutional work in Cleveland, spent a few days in Toronto recently. Another recent visitor was Miss Lorene Lowery (1922), who is on the staff of the Red Cross Outpost Hospital at Hornepayne, Ont.

Miss Margaret Orr (1914), and Miss Nettie Fidler (1919), successfully completed post graduate courses at McGill University.

The Class of September, 1922, held a most delightful reunion on June 28th, to welcome Miss Olive McNee, of Cleveland, O.

Graduates of the course in Public Health Nursing, University of Toronto, this year include Misses Mary McQuaig, Phyllis Denne, Emily Ferguson, Harriet Wilson, and Mrs. Jean Garbutt.

WELLESLEY HOSPITAL, TORONTO: The graduation exercises, Wellesley Hospital, were held on June 1st. Sir William Mulloch officiated as chairman and Dr. R. T. Noble addressed the graduating class. The exercises were followed by a garden party held in the hospital grounds.

Correction.—The editor of the Canadian Nurse has been advised by the Wellesley Hospital correspondent that Miss Mary Wilson, recently appointed to the staff of the Brantford General Hospital, is not a graduate of Wellesley Hospital, as stated in the May issue of "The Canadian Nurse". This item of information was received through the usual channels and published in the belief that it was accurate. The editor wishes to take this opportunity to thank the Wellesley Hospital correspondent for drawing her attention to the inaccuracy and to apologise to all parties concerned.

WOMEN'S COLLEGE HOSPITAL, TORONTO: The Alumnae entertained the graduating class at a dinner at the Carls Rite Hotel on June 8th. There were thirty-eight graduates present. Miss Thora Hawkes officiated. Those at the head table included Miss Meiklejohn (superintendent); Miss Jones (assistant superintendent), Miss C. Dixon and Miss G. Ament. Miss Ament is home from India on furlough.

HOSPITAL FOR SICK CHILDREN, TORONTO: The forty-second graduation exercises of the Hospital for Sick Children were held in Convocation Hall, University of Toronto, on June 12th. Thirty graduates received their diplomas. Miss Pantton, superintendent of nurses, gave the report of the Training School, in which she spoke of the tremendous

amount of work accomplished in the hospital during the year, 65,000 patients having been treated in the Outdoor Department alone. The Junior League were thanked for their work through the Occupational Aides, which gave untold pleasure to the children, and also for their assistance with the patients, the various chapters of the I.O.D.E. too were mentioned for their kindness in sending cheques and hand-made clothing, and also other organizations. Miss Pantou spoke of the excellent course of lectures given to the Alumnae by the doctors on the newer methods of treatment now used in the hospital.

President Falconer of Toronto University gave a thoughtful address to the outgoing class. The diplomas and pins were presented to the nurses by Mrs. W. D. Ross, the wife of the Lieutenant-Governor of Ontario.

The scholarships and prizes were presented by Mrs. I. H. Weldon, Mrs. L. Langford and Mrs. Robert Scott. After singing the National Anthem the nurses and their guests repaired to the Residence, where a largely-attended reception and dance was held.

The scholarships and prizes were as follows: for highest standing in Theory and Practical Work, to pursue a Post-Graduate Course, University of Toronto, Miss Elizabeth Legge Riddell (The R. A. Laidlaw and The I. H. Weldon Scholarship); Miss Guida Ray Burton (The Thomas H. Wood and The Wilnot L. Matthews Scholarship); for Efficient Work in the Operating Room, Miss Cecilia Fitzpatrick (The H. H. Williams Scholarship); Miss Kathleen Muir (Graduate 1927) (The Florence J. Potts Scholarship, presented by the Hospital Alumnae Association for a University Course); General Proficiency: Intermediate Year, Miss Miriam Fryer; Junior Year, Miss Jean Masten; Highest Standing in Examinations: Feb., 1928, Miss Susanne Elizabeth Welsh; Sept. 1928, Miss Caroline Bettina Calverley; Feb. 1929, Miss Miriam Fryer; Sept. 1929, Miss Ethel Jones; Feb. 1930, Miss Jean Masten; Sept. 1930, Miss Mary Deck.

#### DISTRICT 6

**BELLEVILLE HOSPITAL:** The graduation exercises were held recently, seven nurses receiving diplomas. Prizes were awarded as follows: Highest marks, Miss Pollick; second highest marks, Miss Ashley; prize for practical nursing (presented by Miss McIndoo), Miss M. Fitzgerald. Each nurse was presented with a hydropneumatic set from the medical staff.

Miss Bessie Soutar and Miss Florence Fitzgerald attended the convention in Chatham as delegates from the Alumnae.

Mrs. Reid (L. Harvie, 1922) and Mrs. O'Flynn (Mabel Cox, 1925) were presented with gifts from the Alumnae.

Dr. and Mrs. Anderson (Sadie Brockbank, 1924) have moved to Toronto, where the doctor has taken a practice.

Friends will be pleased to hear that Miss Mae Cockburn's health has greatly improved.

Miss Bessie Soutar, who has taken a position in New York City, has resigned as president of the Alumnae, and has been succeeded by Miss V. Humphries.

#### DISTRICT 8

**CIVIC HOSPITAL, OTTAWA:** Miss T. Tanner, Miss E. McIlraith, Miss E. Horsey, and Mrs. V. Boles, attended the course in instruction given the latter part of June at Western University, London, Ont.

**STRATHCONA HOSPITAL:** Miss H. Sparling (assistant superintendent) and Miss M. Canley (supervisor) attended the short course in instruction given in June at Western University, London, Ont.

#### PRINCE EDWARD ISLAND

**GRADUATE NURSES ASSOCIATION OF P.E.I.:** At the annual meeting officers for the coming year were elected as follows: Hon. President, Miss Florence Lavers, Summerside; President, Mrs. A. Allen; Secy.-Treas. and Registrar, Miss Anna Mair, P.E.I. Hospital, Charlottetown.

Miss Millie Gamble, of Tryon, was appointed delegate to the Biennial Meeting, C.N.A., at Winnipeg.

#### QUEBEC

**HOMEOPATHIC HOSPITAL, MONTREAL:** The tennis court presented to the nurses and internes by Mr. and Mrs. John J. York, was officially opened by the donors on the afternoon of June 14th, 1928.

Miss A. M. Porteous, who recently underwent a serious operation, is now on the road to recovery.

Miss M. R. Sleeth (1928), has been acting as assistant night supervisor for two months. Miss M. O. Barry (1928), is in charge of the major operating room, and Miss B. Rutherford (1927), of the Out Patients Dept.

The staff nurses and nurses in training spent a very pleasant evening recently when Dr. J. H. Condon entertained them with "moving pictures" in the board room of the hospital.

**GENERAL HOSPITAL, MONTREAL:** Miss Florence Cluff (1923), recently spent several months with her patient in California.

Miss A. M. Cooper (1927), is engaged in industrial nursing at the T. Eaton Co., Mail Dept., Montreal.

Miss Margaret Clark (1928), has accepted a position in charge of the operating room, Mirimichi Hospital, Newcastle, N.B.

Miss Frances L. Reed will assume her new duties as superintendent of nurses, Women's General Hospital, Montreal, during the latter part of August.

Members who attended the biennial meeting of the Canadian Nurses Association, held at Winnipeg July 3-7, were: Misses Mabel K. Holt, Amy DesBrisay, Frances Upton, Margaret Macfarlane, Agnes Jamieson, Frances L. Reed, and Caroline V. Barrett. The three latter names appeared on the programme. Miss Macfarlane represented the M.G.H. Alumnae. Miss Holt and Miss Jamieson were elected chairmen of the Nursing Education Section and Private Duty Section respectively. Miss Jamieson has extended her trip to the Yukon, Misses Barrett and Holt to the Coast, and Misses Upton and Reed to Regina.



Miss Dorothy McCarogher, scholarship nurse of the Child Welfare Association (Montreal), recently returned to the city after a year's study in parent education. She obtained the highest standing in a class of thirty in the examinations on this subject at Columbia University. Previous to returning to the Child Welfare Association in August, Miss McCarogher spent two months on the staff of the Murray Bay Convalescent Home.

Miss Mildred Buchanan (1920), who has been on the staff of the Laurentian Sanatorium, St. Agathe des Monts, since 1925, has resigned, and accepted the position of assistant superintendent of nurses at East St. John County Hospital.

Misses Evelyn Pibus, Joyce Herney, Edus Shaver, Given McColgan, and Grace Sterling, all of Class 1928, recently completed special post graduate courses at the Laurentian Sanatorium.

Misses Lolita Best and Vivian Hill (1927), have joined the staff at Laurentian Sanatorium.

Of the fifty certificates given by the Laurentian Sanatorium to graduate nurses during the past year and a half, fourteen have been awarded to graduates of the M.G.H.

WESTERN DIVISION, M. G. H., MONTREAL: Miss Jean Wimby, formerly of St. Lambert, is now residing in Three Rivers.

The sympathy of the Alumnae Association is extended to Miss Mabel Platt in the loss of her father.

Miss J. Craig sailed on June 28th for a trip to England and the continent.

Miss B. Birch left on June 29th for Kincardine, Ont., where she will spend a month.

Miss Edna Payne, who has just recovered from an appendectomy, left on July 2nd for her home in Moncton, where she will spend the summer.

Miss Chalk, of Hudson, Mass., was in Montreal for her sister's wedding in June.

Mrs. Anderson, of Vankleek Hill, Ont., was in Montreal for a few days in June.

Miss Ethel Bradley, of New York, spent the month of July in Montreal.

Misses M. E. Morrison and M. Hume left on July 2nd for the Pacific Coast. They planned to visit all interesting points en route.

KENOGAMI: Miss Germaine Thibodeau (University of Montreal) is relieving Miss Beauchamp for two months.

SHERBROOKE: Miss Kathryn Porteous (Lakeside Hospital, Cleveland) is doing relief duty on the staff at Sherbrooke this summer.

JEFFERY HALE'S HOSPITAL, QUEBEC: Miss E. Armour, lady superintendent, and Miss H. A. MacKay, attended the Canadian Nurses Association general meeting in Winnipeg.

ST. LAMBERT: Miss Edith F. Trench, formerly superintendent of the Women's Hospital, Montreal, is now superintendent of The Home Hospital, recently opened in St. Lambert. After a prayer of dedication by the Rev. Arthur French, the mayor spoke a few words of appreciation and pleasure

at now having a hospital in St. Lambert, and declared the hospital officially opened, in the presence of about two hundred guests. Tea was served on the lawn of the hospital by the Daughters of the Empire.

SHERBROOKE: The last meeting of the season of the Graduate Nurses Association was held at the residence of Miss Minnie Bostwick. It was decided to forward the money, which amounts to \$72.00, for the International Congress in 1929. Other minor details were discussed and the meeting was then brought to a close.

Miss Grace Moffat has returned, after a very enjoyable holiday spent in Montreal and Toronto.

Miss Bessie Banfill has resigned as night supervisor at the Chipman Memorial Hospital, St. Stephen, N.B. She leaves in August to take up her new duties as nurse in charge, International Grenfell Association, at Mutton Bay, Labrador.

Miss Evelyn Warren has returned from an extended holiday spent with her parents in Saskatchewan, and is again doing private duty nursing. At the present time she is relieving Miss Alice Lyster as night supervisor, Sherbrooke Hospital.

## SASKATCHEWAN

GENERAL HOSPITAL, MAPLE CREEK: The graduating exercises, class of 1928, took place on the hospital grounds on June 24th.

PREECEVILLE-CLAYTON: Miss Beatrice Larson (University of British Columbia) has accepted the position left vacant by the resignation of Miss Pauline Metashanko, who will be married shortly. Miss Doris Huchlak (Edmonton General Hospital) is assisting Miss Larson.

## C.A.M.N.S.

### WINNIPEG

OVERSEAS NURSING SISTERS CLUB: The Executive Committee of the Club entertained at tea in honour of Mrs. R. C. Sanderson a few days prior to her departure for her new home in The Pas.

Mr. and Mrs. B. E. Hull (N/S Vera Strange), who have been living in Grenfell, Sask., have returned to Winnipeg to live.

Miss Eva Emesley, Public Health Dept., Oshawa, Ont., and Miss "Sandy" McPherson, Public Health Dept., Toronto, spent a few days in the city recently enroute to the Coast where they are spending their vacation.

Friends of Miss Louise McLeod, at one time on the staff of Tuxedo Military Hospital, will be interested to hear of her marriage a short time ago to Mr. Harry Cleaveland, Torrington, Conn.

Mr. and Mrs. B. W. Lawrie (N/S Phyllis Peyton), and son Bobbie, who have been spending a holiday at Victoria Beach, have returned to the city.

Mr. and Mrs. C. W. Davidson (N/S Hilda McColm), are receiving congratulations on the arrival of a son (James Alexander), July 1st, 1927.

The club entertained the delegates and other nurses attending the Canadian Nurses Association Convention to a drive and supper at the Motor Country Club, Lower Fort Garry, on July 6th. One hundred and ninety-seven sat down to the delightful supper, arrangements for which were carried out by Mrs. A. D. McLeod and Mrs. Gordon Cooper (N/S Janet Smith). After supper the guests wandered about the Old Fort, which is one of the most interesting and historic spots in Manitoba.

A number of overseas nurses attended the general meeting of the C.N.A. as delegates or visitors. Among them were: Miss E. Rayside (Hamilton); Miss E. L. Smellie (Ottawa); Miss Regan (Hamilton); Miss M. McGill (Saskatoon); Miss Lillian Lynch (Herbert, Sask.); Miss Ethel Grey (Rochester, Minn.); Miss S. A. Campbell; Miss Betty Cameron (Vancouver); Miss Ann Forrest (London, Ont.); and Mrs. McKenzie (N/S Grace Connor), of the Peace River District.

#### VICTORIA

VICTORIA: The ranks of the returned Nursing Sisters throughout Canada sustained a real loss in the passing of Ethel Frances Bolster on May 28th, 1928, at Victoria. Miss Bolster, a graduate of Roosevelt Hospital, New York, went overseas with the C.A.M.C. in 1916. She served with unselfish and untiring heroism, first at No. 2, Canadian General Hospital, and later at No. 2, C.C.C.S. A full military funeral was accorded this

sister, the body being conveyed to the cemetery on a gun carriage on which were placed her military cape and veil. Col. Lorne Drum, representing G.O.C. M.D. XI, a company from the Garrison Hospital, and a large representation from the Overseas Sisters Club followed the gun carriage as a guard of honour. The firing party, a company of P.P.C.L.I., gave three volleys, and the bugle sounded the Last Post.

#### QUEBEC

MONTREAL: The May meeting of the Montreal Association of Overseas Nurses held at the residence of Mrs. Ramsey, Mountain Street, took the form of a business and social affair, about fifty members being present. Colonel F. F. Clarke, D.S.O., president of the Provincial Command of the Canadian Legion of the British Empire Service League, gave a very interesting address on the aims and objects of the League. Miss M. Boa (pianist) and Mr. A. McGarry rendered several selections, and the latter led the community singing of all the old war-time songs. Discussion in regard to the All-Canada Association of Overseas Nurses was left over to the fall meeting, as a number of the clubs have not responded to the communication re the forming of this Association.

Miss Helen L. Stark, R.R.C., is now on the staff of Firland Sanatorium, Richmond Highland, Wash., U.S.A.

#### BIRTHS

ADAMS—In June, 1928, at Saginaw, Mich., to Mr. and Mrs. James Adams (Dorothy Wheeler, Western Hospital, Montreal, 1920), a son.

FARRINGTON—On June 29th, 1928, at Montreal, to Mr. and Mrs. G. C. Farrington (Mary Clements, Western Hospital, Montreal), son and daughter.

PENNOYER—On June 10th, 1928, at Montreal, to Mr. and Mrs. Ross Pennoyer (Florence McNie, Western Hospital, Montreal, 1919), a son.

ROBERTS—In June, at Montreal, to Mr. and Mrs. Leslie Roberts (Gladys Cornell, Western Hospital, Montreal, 1920), a son.

#### MARRIAGES

BAPTIST—SAVARD—On June 30th, 1928, in Three Rivers, P.Q., Annie Louise Savard (Jeffery Hale's Hospital, Quebec, 1911) to Stewart Baptist, of Three Rivers.

CALLUM—SANDS—On April 4th, 1928, Mabel Sands (Amasa Wood Hospital, St. Thomas, Ont., 1918) to Herbert D. Callum. At home—Sarnia, Ont.

CLARKE—IRWIN—On June 26th, 1928, at Midland, Ont., Laura Irwin (Toronto General Hospital, 1925) to Dr. Lloyd A. Clarke, of Port Dover, Ont.

GEORGE—MEADOWS—On June 20th, 1928, at Embro, Ont., Velma May Caroline Meadows (Galt General Hospital, 1925) to Walter Goodall George, of Galt. At home—London, Ont.

KING—BYRNE—On June 18th, 1928, at Montreal, Maud Byrne (Western Hospital, Montreal, 1926) to Robert King.

KNIGHT—LOW—On May 12th, 1928, Elizabeth Low (Wellesley Hospital, Toronto) to Arthur Knight.

LYNE—BAINARD—On June 6th, at Regina, Sask., Elda M. Lyne (General Hospital, Stratford, 1914) to Frederick J. Bainard.

MACKLIN—HILL—On July 6th, 1928, at Toronto, Ethel Agnes Hill (Grace Hospital, Toronto) to Frederick T. Macklin.

McQUADE—ARCHARD—On June 6th, 1928, at Halifax, N.S., Alfrida Archard (Victoria General Hospital, Halifax) to Edwin McQuade, M.D., C.M.

NEILSON—PRINGLE—On April 14th, 1928, at Stella, Amherst, Ada Pringle (Wellesley Hospital, Toronto, 1926) to Rodderick Neilson.

MALCOLM—FRITH—On June 23rd, 1928, at Nassau, Bahamas, Hazel Frith (Montreal General Hospital, 1926) to Alfred Malcolm.

WELLINGTON—HARVEY—On April 18th, 1928, at St. Eugene, Ont., Hilda Harvey (Montreal General Hospital, 1926) to L. C. Wellington. At home—Arvida, P.Q.

#### DEATHS

DAWSON—In June, 1928, suddenly, at Coburg, Ont., Sarah Dawson (Montreal General Hospital).



**WANTED:** Frontier Nursing Service, successor to Kentucky Committee for Mothers and Babies, has positions for Public Health Nurses who hold the certificate in midwifery of the English, Scotch or Irish Central Midwives Board. For particulars address The Director, Mrs. Mary Breckenridge, Wendover, Leslie County, Ky., U.S.A.

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The official organ of the Canadian Nurses Association, owners, editors and managers. Published monthly at the National Office, Canadian Nurses Association, 511 Boyd Building, Winnipeg, Man.

Editor and Business Manager: **JEAN S. WILSON, Reg.N.**

Subscriptions \$2.00 a year; single copies 20 cents. Combined annual subscription with The American Journal of Nursing \$4.75. All cheques or money orders to be made payable to The Canadian Nurse. Changes of address should reach the office by the 20th of each month. In sending in changes of address, both the new and old address should be given. News items should be received at the office by the 12th of each month. Advertising rates and data furnished on request. All correspondence to be addressed to 511 Boyd Building, Winnipeg, Man.

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# The Canadian Nurse

A Monthly Journal for the Nurses of Canada

Published by the Canadian Nurses Association

Vol. XXIV.

WINNIPEG, MAN., SEPTEMBER, 1928

No 9

Registered at Ottawa, Canada, as second-class matter

Entered as second-class matter March 19th, 1905, at the Post Office, Buffalo, N.Y., under the Act of Congress, March 3rd, 1897

Editor and Business Manager:—

JEAN S. WILSON, Reg. N., 511 Boyd Building, Winnipeg, Man.

## SEPTEMBER, 1928

### CONTENTS

### PAGE

MATERNAL MORTALITY	- - - - -	<i>Dr. Ross Mitchell</i>	459
PSYCHIATRIC TRAINING FOR STUDENT NURSES	- - - - -	<i>- Mary L. Jacobs</i>	462
MISS BERTHA HARMER	- - - - -	- - - - -	463
DEPARTMENT OF NURSING EDUCATION:			
ORGANIZATION OF COMMUNITY INTEREST IN NURSING EDUCATION—			
FROM THE STANDPOINT OF THE PUBLIC-	- - - - -	<i>Marion Lindeburgh</i>	464
FROM THE STANDPOINT OF THE HOSPITAL	- - - - -	<i>- C. E. Guillard</i>	466
FROM THE STANDPOINT OF THE MEDICAL	- - - - -	- - - - -	-
PROFESSION	- - - - -	<i>Dr. Lilian A. Chase</i>	468
FROM THE STANDPOINT OF THE NURSING PROFESSION	- - - - -	<i>M. Irene Hall</i>	469
REPORTS OF ROUND TABLES, BIENNIAL MEETING, 1928	- - - - -	- - - - -	472
REPORTS OF PROVINCIAL SECTIONS	- - - - -	- - - - -	475
DEPARTMENT OF PUBLIC HEALTH NURSING:			
THE NURSE AS A TEACHER OF INFANT CARE:			
THE MOTHER ON THE MATERNITY WARD	- - - - -	<i>C. V. Barrett</i>	479
THE YOUNG MOTHER AT HOME	- - - - -	<i>- C. de N. Fraser</i>	481
THE MOTHER AND THE BIG SISTER	- - - - -	<i>- Marjorie Baird</i>	483
THE BIG SISTER AT SCHOOL	- - - - -	<i>- J. G. Stothart</i>	485
REPORT OF CHAIRMAN, BIENNIAL MEETING, 1928	- - - - -	<i>Elizabeth L. Smellie</i>	486
REPORTS OF PROVINCIAL SECTIONS	- - - - -	- - - - -	488
DEPARTMENT OF PRIVATE DUTY NURSING:			
GROUP NURSING	- - - - -	<i>Dr. A. L. Lockwood</i>	491
	- - - - -	<i>Theresa O'Rourke</i>	494
BOOK REVIEWS	- - - - -	- - - - -	496
NEWS NOTES	- - - - -	- - - - -	497
OFFICIAL DIRECTORY	- - - - -	- - - - -	501

# Maternal Mortality

By ROSS MITCHELL, M.D., Winnipeg, Manitoba.

Scripture bids us go to the ant for a lesson in foresight and provision against the future; for a lesson in the care of mothers we might well go to the bee. In the hive the queen bee is queen not because she is the ruler but because she is the mother of the hive to be, and the workers watch over her with unremitting care. For her they provide fresh air, spacious living quarters, freedom from worry and an ample supply of suitable food. What the bee does by instinct man with greater intelligence, or should we say, only a greater capacity for developing intelligence, has so far failed to do.

In a recent address to the graduating class of the Winnipeg General Hospital Training School for Nurses, Rev. Dr. Christie used an arresting phrase, "The Cruelty of Ignorance." Man-kind has not been deliberately and intentionally cruel to mothers but ignorance has taken a terrible toll of lives. If wanton neglect has slain its thousands, ignorance has slain its tens of thousands. In the Vienna General Hospital where the best obstetrical science of the day was available the maternal mortality during the early years of the 19th century rose in some months to the appalling figures of 20.84 and 29.33 per cent. In one division of the hospital the mortality from puerperal fever during the years 1841-1846 inclusive, varied between 6.8 and 15.8 per cent.; the average for 20,042 cases during the six years was just under 10 per 100. During Semmelweiss's regime in the year 1848, after he had demonstrated the contagiousness of puerperal fever and had made compulsory the use of chlorinated lime in preparing the hands of the examiners, the death

rate among 3,556 patients fell in this same division to 1.27 per cent. Though other men before Semmelweiss, notably Charles White, of Manchester (1773), Alexander Gordon, of Aberdeen (1795), Oliver Wendell Holmes, of Boston (1843) had proclaimed the doctrine of the contagiousness of puerperal fever the world was not in their time prepared to receive the truth and it is with Semmelweiss in 1847 that the modern era of obstetrics begins.

Even Semmelweiss, however, did not know the exact nature of the contagion. It remained for Pasteur to demonstrate that infection and disease are caused by bacteria. It is said that he was present at a medical meeting when the speaker declared that the cause of puerperal fever was unknown. Pasteur jumped up, rushed to the blackboard and drawing a row of dots to represent the chains of streptococci, exclaimed, "There, that is what it looks like!" Lister, by making a practical application of Pasteur's germ theory, revolutionized surgery and made operations so safe that now the most recent graduate in medicine can successfully remove an appendix or treat a compound fracture of the femur.

It is the reproach of obstetrics that its mortality rate has not declined in recent years to the same extent as has the mortality in surgical cases. We have come a long way from an average mortality in the Vienna General Hospital in 1841-1846 of 11 per cent. or 110 per 1,000 to an average mortality in Canada from July 1st, 1925, to July 1st, 1926, of 6.4 per 1,000. Yet the bitter truth is that we have not progressed nearly as far as we should. In the period mentioned there were 1,532 deaths in Canada. Were the maternal rate the same as

(Read before the Private Duty Section, Canadian Nurses Association, July 5th, 1928.)



in Denmark or Holland, one thousand of these lives would have been saved. Compared with Great Britain, Canada has half as many maternal deaths with less than one third as many births. In Manitoba during the years 1921 to 1927, inclusive, there were 590 deaths following upon the supposedly physiological and natural function of childbirth.

There are signs that the world is awakening to a realization of its shortcomings in respect to its care of mothers, and is seeking to enlighten the general ignorance. The Minister of Health in Great Britain has very recently appointed a Maternal Mortality Committee for the direction of researches in this subject. The Ministry of Health has issued two valuable publications by Dame Janet Campbell, *Maternal Mortality* (1924) and *The Protection of Motherhood* (1927). The United States Ministry of Labor has prepared a valuable report, dated 1926, on *Maternal Mortality* in that country. In Canada Dr. Helen MacMurchy, of the Federal Department of Health has compiled a report, *Maternal Mortality in Canada*, which appeared in February, 1928. All over the civilized world men and women are concerned over the needless slaughter of mothers.

In September last at the annual meeting of the Manitoba Medical Association a committee was appointed to investigate maternal mortality in this province. This committee has collected statistics and all these statistics go to prove that the greater the prenatal care the less the maternal mortality. During the last five years 148 mothers died in Winnipeg during childbirth, a rate of 4.8 per 1,000 live births as against a rate of 6.4 for Canada during the corresponding period. The rate for Winnipeg mothers confined in city hospitals during the year 1921 to 1927, inclusive, was only 4.2 as against 7.5 for mothers coming here from outside points. A prenatal clinic for public patients was organized in the Winnipeg General Hospital in January, 1921. In the four preceding years, 1917 to 1920,

the maternal mortality rate for this hospital in both private and public wards was 10.19 per 1,000 live births while for the period January 1st, 1921, to October 31st, 1927, after the organization of the clinic the hospital rate was 5.14, a decrease of almost one half. In the public wards of this hospital with a closed staff, and with many of the patients having regularly attended the prenatal clinic previous to admission, the maternal mortality rate from July 1st, 1923, to December 31st, 1927, was 3.17 per 1,000 live births, almost half the rate for Canada at large. It was hoped to present statistics covering the mortality among the 2,791 women who have passed through the prenatal clinic of the Winnipeg General Hospital but this was found impossible. There is no doubt that the mortality rate for these women would be considerably less than even the rate for the public wards. Wherever records of prenatal clinics have been kept so as to show the maternal mortality the rate for their patients has been noticeably lower than the average.

In a recent article (*British Medical Journal*, June 9th, 1928), Dr. James Young, of Edinburgh, cites the experience of the East End Maternity Hospital in London which conducts over 2,000 cases yearly. There is a well organized ante-natal system, and the forceps rate is under 3 per cent. Despite the fact that the practice is among the very poor and that it is practically unselected it has a mortality rate standing at a little over 1 per 1,000 cases. Sepsis is practically eliminated from this practice, and there can be little doubt that this is due mainly to the excellent administration, the careful supervision, and the low instrumental rate. This rate of one death per thousand cases probably represents the unavoidable mortality in our present state of society, and with our present knowledge.

To estimate the casualties among mothers only in terms of mortality is short sighted, since for every mother who dies there are at least ten who survive to bear with them scars which

are recognized in such pathological terms as cervical and perineal lacerations, uterine displacements, prolapse of the uterus, subinvolution, cystocele, rectocele, endocervicitis, pelvic cellulitis, etc. To obviate these casualties, to recognize them early and to apply or point out the appropriate remedy, the post natal clinic has been established. In the Winnipeg General Hospital such a clinic has been in operation over a year.

All experience shows that the three outstanding causes of maternal mortality are puerperal fever, toxæmia and hæmorrhage. While we know that puerperal fever is due to invasion by bacteria we have not sufficient knowledge of immunity to enable us to tell why one patient will develop sepsis while another under apparently similar conditions will not. There is reason, however, to believe that focal infections as of teeth or tonsils, overwork, lack of rest, even mental depression and worry, predispose to infection. All these conditions are capable of being corrected if the patient is seen early in her pregnancy. Proper preparation for labour as in the provision of sterilized dressings will also tend to prevent infection. Toxæmias are essentially errors of metabolism and while as yet we cannot hope entirely to prevent them we can with prenatal care prevent the graver manifestations such as eclampsia. By providing that the patient comes to the ordeal of labour in the best physical condition and that the labour be conducted with an understanding of its mechanism hæmorrhages can be largely prevented. Thus we see that prevention is the key to the problem of a reduction in maternal mortality. We must direct our energies to the supplying of information to expectant mothers as to the advantages of prenatal care, to the establishment of prenatal clinics or maternity centres, and to preaching in season and out of season the gospel of prevention.

So far this problem has been considered only from the medical point of view. While this is highly important the problem of maternal mortality

affects a wider circle than that of patient, nurse and doctor. As Sir George Newman, the principal Medical Health Officer of Great Britain, points out, the social aspects of this maternity problem are even more important than medical issues. "For motherhood," he says, "is not only the physical source of the people but also one of the foundations upon which a nation is built. The only sound statecraft is to encourage and protect motherhood." Doctor and nurse working together can be leaders in this crusade against the ignorance and carelessness which have cost the lives of so many young Canadian mothers.

Manitoba among the provinces of Canada led the way in providing public health nurses. As a medical man of Manitoba I am proud to give my tribute of praise to the noble work being done by these public health nurses especially in the sparsely settled districts which cannot support a medical man. The Red Cross Society has also done valuable work in this province. The problem of maternal mortality and morbidity is so pressing that we must not hide our light under a bushel. Provincial Governments should be shown that it is their duty to make provision for the medical needs of isolated communities, and especially of soldier settlers who were urged to go on the land, and to arrange for the construction of roads and telephone lines wherever they are required. Municipal councils should be told that it is false economy to do without a public health nurse in the municipality. Hospital boards and staffs should be urged to provide prenatal clinics and to provide beds for ante-natal cases. United Farm Women, Daughters of the Empire, Women's Institutes and other organizations which have to deal with the welfare of women and children would be pleased to include in their programmes addresses on the protection of motherhood. Who are better qualified to give such addresses than members of the Canadian Nurses Association or the Canadian Medical Association?



Expectant mothers should be informed of the helpful Mother's Book and Babies' Book issued by the Federal Department of Health, the Manitoba Board of Health and other boards. These books may be had free on application. The formation of Little Mothers classes for 'teen age

girls should be encouraged. It will only be by long and patient united effort that the cruel devil of ignorance can be exorcised and in this effort doctor and nurse, best fitted through their professional training, should lead the way in saving those true pillars of society: the mothers of Canada.

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## *Psychiatric Training for the Student Nurse*

By MARY L. JACOBS, Superintendent of Nurses, The Ontario Hospital, London.

During the past few years the development of the modern hospital for mental diseases has been such as to create an ever increasing interest and optimism in regard to mental maladies. A number of these hospitals maintain training schools for nurses where a three-year course is given, including sufficient affiliation to meet the requirements for registration of nurses.

To those closely connected with and deeply interested in psychiatric nursing it does not seem that general hospitals and schools of nursing are sufficiently impressed with the importance of the practical knowledge of psychiatry. Considering the prevalence of mental disorders it does seem that today a nurse's training is not complete without this experience, and should it be included in their training it would be an important step in nurse education. Further, general hospitals would add materially to the value of their services by providing adequate facilities for the temporary care of the emergency mental case and at the same time make available the opportunity for the study and nursing care in specified cases by the student nurse.

Mental hospitals, with their larger number of patients and diverse types of psychoses, each receiving

care and treatment suited to his particular need, offer a wider field for observation and study. An affiliated course in psychiatric nursing at any of the larger mental hospitals would be of value to the general hospital nurse, whether later she is nursing mental or bodily illnesses, for there is a mental aspect in every illness and the nurse who has some understanding of the different types of human behaviour and personality, and is sensible to the possible significance of any outstanding mental symptoms is best qualified to deal with the mental side of the patient's condition. Such a nurse should be of greater service to both the patient and the physician. Frequently she has the opportunity to draw the attention of those most concerned to the need for advice and help. It is just as important to recognize mental disorders in the early stages as in other diseases. Mental illness requires as careful nursing and treatment as any other form of illness in addition to the particular care required to meet the mental situation. It must be kept in mind that recovery is always possible: it may not be generally known that a considerable number of mental cases terminate in recovery.



MISS BERTHA HARMER

McGill University, Montreal, is very happy to announce their very good fortune in the appointment of Miss Bertha Harmer, R. N., B. S., A. M., as the director of the McGill University School of Graduate Nurses. Miss Harmer is well known as the author of the text-book, "The Principles and Practice of Nursing," which is not only widely known in Canada and the United States, but, we hear, is much appreciated by nurses in the far lands of China, Persia, France and other European countries. She is also the author of "The Principles and Methods of Teaching the Principles and Practice of Nursing," the first book on teaching nursing, which is also widely used in both graduate and undergraduate schools of nursing.

Miss Harmer graduated from the Toronto General Hospital School of Nursing where she also served in both administrative and teaching positions as head nurse, supervisor and instructor. She took the courses in Teachers' College, Columbia University, in Administration and Teaching in Schools of Nursing, graduating in 1918 with the B. S. degree. During the summer of 1918 she was instructor at the Vassar Training Camp for

Nurses. Later she studied Administration and Teaching in the field of general education at Teachers' College, graduating with the A. M. degree. Miss Harmer served as instructor in St. Luke's Hospital, New York, for a number of years. Following this valuable experience she was called to the newly established Yale University School of Nursing to serve as Assistant Professor in the University charged with the Curriculum, and as First Assistant in Administration in the New Haven Hospital. While here she had a rich and unique experience in helping to develop and put into practice some of the newer policies and methods of progressive nursing education. During the past year Miss Harmer has been spending some time at Teachers' College, in continuing the study of Administration and Teaching in general education, in colleges, professional schools and teachers' colleges.

Miss Harmer succeeds to the position left vacant by the death of Miss Flora Madeline Shaw, last autumn. Canadian nurses feel that they are most fortunate in having such a person as Miss Harmer to continue the work in Nursing Education so ably begun at McGill University.



## Department of Nursing Education

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### *The Organization of Community Interest in Nursing Education*

#### I FROM THE STANDPOINT OF THE PUBLIC

By MARION LINDEBURGH, Regina  
Normal School.

During the last quarter of a century there has been a rapid growth in the nursing profession—a growth which has developed as an answer to the public's need for nurses, and that is reflected in all branches of nursing activities. This development is particularly manifested in certain aspects of nursing education.

If the time has come in the world of academic education, where specialists are devoting their time to a fuller and higher development of the individual, is it not reasonable that leaders in nursing education are more concerned with the quality and character of the individual enlisting in the nursing profession?

Nursing is only one of the several vocations open to the high school girl, and training schools must be placed on the same basis as other educational institutions, if they are to attract young women of the right caliber in sufficient numbers to provide an adequate nursing service for hospital and community.

The education of the nurse is a matter of public concern—a different view point from that of a few years ago.

Young people are deciding very early as to their choice of vocation or profession, and therefore, provision should be made in the public and secondary schools and in the

universities for specific instruction which, at a later time, will be suitable to the needs of nursing requirements. In order that this may come to pass it is important that a new and wide-spread effort be made to obtain understanding of our aims and of our needs by the people whom we are to serve, and who, in turn for such service, must supply the funds.

Until schools of nursing are financed in the same way as are other schools and colleges through public funds, obtained through legislation, we will not secure the educational standards for which we are striving. This change can only take place through improved public opinion and a community made intelligent in the matter. Perhaps an outstanding weakness in some of our nursing schools is the limited teaching, and the cause of the weakness is lack of money and public opinion. We cannot have better schools until we have economic independence, and we cannot have economic independence until we have an enlightened public.

The task of obtaining community understanding, and through it community co-operation, is the most important matter on the immediate horizon, and it depends so largely upon the way nurses present nursing to the public. Public understanding and a full hearted co-operation will only come as nurses exemplify by their lives that *education* and *service* are blended together as a great professional contribution to the community.

We accept the fact, then, that the public must pay for nursing science.

In such we have been interested in the reports that are available from time to time regarding the work of the grading committee in the United States relating to nursing education.

Dr. Burgess, the director of the Survey, has laid much stress on nursing economics as is reflected in the responsibility of the public. The public is entitled to have good nursing service, and it can have it, if it wants to pay for it. The time will come when the public will assume responsibility in the matter of nurse education, and it is now for us to educate the people as to the value of high professional standards.

From the public's point of view this involves three major essentials: (1) The public must realize the value of nursing being conducted by skilled educators. (2) That every student admitted should have a high academic standing, and that the number admitted should be controlled not by the needs of the hospital but by the needs of society for service of graduate nurses. (3) The public should be led to the fact that schools of nursing are being taken over by universities, and public support is indicated for the express purpose of financing the education of professional nurses.

The standard for nursing education should be publicly considered in terms of university qualification, as is the education of the doctor, the lawyer, the engineer.

In an effort to fix or establish responsibility relating to desired improvements in nursing education, we are led to the conclusion that an improved community interest is basic and essential. How then should we proceed to build for a greater community interest? From the public point of view the initial answer to be given would carry us into the realms of psychology.

What we know of learning, of the building of habit responses, all hold good here. Any abiding opinion is but a habit of thinking, joined up

in an aggregate of related habits, similarly formed "Practice with Satisfaction" is doubtless the way in which habits of opinion are formed. If the public is satisfied with a procedure or situation, if it is convinced of its values; if it meets a need—the result is general approval and support, and only through a continuance of such response will a firm opinion and public interest be maintained. And, if the theory of democracy is followed through, the education and general development of a community is what the citizens of that community wish the standards to be.

Nursing education is on the list of modern educational developments and the need for *publicity*, informing the people of the necessity for improvement in the character of nursing education, should be accepted as the essential step towards the organization of community interest in the profession. To see that the public is at all times informed of purposes and accomplishments in the various phases of nursing education is not only a professional opportunity but a professional obligation.

Mediums for publicity embrace such carriers as magazines, the technical journals, window cards, leaflets, and the daily press. By taking the public into our confidence they can be convinced of our sincerity in the desire to serve all classes, and in giving the best of nursing service to all. Again, from the view point of the public, is it not logical that they should be intelligently informed regarding the desired qualification of a future servant, for whose service they must pay? In this same relation it would be approved that training school committees interpret the educational aims and needs of the school, not only to the board, but to the community.

Has it not been suggested that hospitals and nursing schools have accepted as inherent and final, the existing and somewhat isolated re-



lationship between the two, and have failed to give public expression to situations that should be of public concern?

The election of women to hospital boards is to be highly recommended. Our school systems have demonstrated the value of public spirited women as members of educational boards.

The inauguration of an annual "Hospital Day" when the citizens are invited to visit the hospital as an operating institution will establish a contact which should develop a general feeling of good fellowship.

Just at this point it might be suggested that from the public's point of view it would be wise to change the conception of the term "hospital"—not simply a custodial place for the sick, but a community house of health. A broadcasting station for preventive medicine. An institution meeting a community need: in cordial contact with the health officer, the visiting nurses, and all social welfare workers.

Another force to be considered in stimulating public interest relates to what is termed "Vocational Guidance." This is now a recognized part of all proper educational systems. One of our well-known educators states that an outstanding problem in modern high school administration is the provision of proper vocational direction for high school students, and he has expressed a strong sympathy towards vocational or professional instruction in nursing fields. It is indeed imperative that intelligent facts concerning the profession be properly presented to high school girls. If such a procedure could be more generally carried out, in our secondary schools and colleges, much of the indifference and misunderstanding concerning education would be dispelled. The schools of nursing themselves should be an indorsement in this regard. They should realize that the high school girl not only should be provided with vocational instruction, but that skilled instruction in the hospital, comfortable

living quarters and recreational advantages, will serve as an attraction for the student of education and culture.

Lastly, from the view point of the public we must ever keep in mind the individual responsibility that should be assumed by every member of the profession, particularly the influence of personality, courtesy, and efficiency in creating attitude and public interest in our work.

Memorials have been erected in honour of those who because of great appreciation, of ideals of service, won the esteem of a nation. The statue of Florence Nightingale, serene and dignified as it stands in Trafalgar Square, the lasting recognitions to Edith Cavell, the Nurses' Memorial in Ottawa, are all in the public eye, convincing expressions of the highest type of nursing service. If this high quality is to be maintained, it must be and can only be through an attitude on the part of the public appreciative of and actively sympathetic towards the present day problems concerned in nursing education.

## II

### FROM THE STANDPOINT OF THE HOSPITAL

By C. E. GUILLIOD, Superintendent,  
General Hospital, Maple Creek, Sask.

New schools have been established and existing ones enlarged in response to extension of hospitals and growth of work carried on in them. This has been accomplished often only by the superhuman efforts of the principal in charge of the training school, often without a great deal of sympathy and certainly very little understanding from the community the hospital serves. She is expected to see that the nurse is educated and at the same time that the patient is cared for.

It would seem that the community has an idea that a nurse is created on demand according to the exact pattern it thinks a nurse should follow. Since this is an age of de-

veloped personalities and diverse ideas, and the nurse is supposed to measure up to each individual idea of what a nurse should be, she is made rather a target for criticism before she has had time to develop sufficient poise to adapt herself to the varied atmosphere of hospital life. In this way the hospital, dependent on its students for nursing care for the patients, has a problem on its hands to satisfy the public even while it may be giving excellent nursing care. The student, besides being immature, is often poorly equipped in preliminary education. There is still a prevalent idea in many communities that a young woman may enter a training school with only a public school education and with a minimum of home training.

To my mind, as long as the community supplies imperfect human beings, who come into our training schools *asking* to be trained, it should be fairly lenient in what it demands of its young students. Hospitals endeavour to give a maximum of service with the present system of staffing hospitals, and until training schools are afforded a separate identity from the hospital and made a subject of community interest and co-operation, hospitals will be handicapped in their service. It is certainly not the fault of these young women who come into our training schools ready to give service to the utmost of their strength and with a trust unbounded in the hospital management. It is marvelous to one whose work lies in the field of giving instruction to these eager young women that they measure up so wonderfully. In no other line of work or study are students expected to take intensive theory and at the same time earn their instruction by giving practical work in return. Surely these young women should be well equipped physically and educationally, as well as having had instilled into their

minds sane, pure ideas and a proper perspective towards life before being admitted into training schools. But, are they? And superintendents are compelled to staff the hospitals with the best material that the adjacent community or some other community affords; and further, are expected to make *perfect* nurses to satisfy every conceivable notion that ill people are afflicted with. Then if they fail to satisfy public needs in every case it is all the fault of the nursing staff, or the hospital board may be censured.

I think all of us doing training school work unconsciously look to faults in ourselves or in the management or equipment of the institution if our students do not measure up to all we expect of them. How wonderful if communities could learn enough about the training school entity of the hospital to develop the same point of view in regard to themselves. They have a right to demand the best of nursing services both inside and outside the hospital, but students also have rights, if they are to be fitted for all the educational and cultural components included in the present day nursing course. The background of the student nurse must be studied if she is to develop along right lines. The head of the training school must by her own attitude to the students inculcate kindness and sympathy in the spirit of the training school towards the patient. She must be carefully chosen by the board of directors, it being essential that she be educated to hold her position, as the training school can never be greater than its head.

Then the hospital must be so planned that there is order and harmony in the machinery of its hospital life, for how can the student assimilate these in an atmosphere entirely different?

Since culture must not be dropped out but must grow with the other elements in a nurse's life, the background of the student during rest



and recreation hours must be considered also. Too often the student develops a careless attitude towards the public she has undertaken to serve because her own individuality is not being recognized and protected.

If the hospital and the training school are made *the* important institution in a community, the matter of the education of the nurse, and the training and experience due her for her three years' service, will also be a matter of first concern to the boards of governors, medical staffs, and the public. They will feel they have a duty towards these young women, to give back to the student nearly as much as they receive from her as possible. It is a public responsibility to provide the means of education in all callings which serve mankind and particularly in those which have for their object the relief of suffering and the promotion of health.

The standard high school course represents four years of study and this is a necessary preliminary to the nursing course. The student of high school age who knows in advance she is to enter a school of nursing, should find in the high school curriculum an opportunity to fulfil her needs in her own individual curriculum. Social sciences and subjects relating to nursing should be stressed.

Community life is benefitted by promoting and facilitating nurse education because a nurse's education develops personality: by broadening individual knowledge of human society and by increasing a sense of responsibility. It is repaid by receiving the kind of nursing service it needs and wants.

### III

#### FROM THE STANDPOINT OF THE MEDICAL PROFESSION

By LILLIAN A. CHASE, B.A., M.B.,  
Regina, Sask.

The community is chiefly interested in the end product of nursing education, namely, the trained nurse. The

details of the process leading to graduation are vague in the minds of the public. "Do you have to scrub floors the whole first three months?" the probationer is asked.

The professional requirements of teachers are commonly discussed by the laity, first and second class certificates are ordinary topics of conversation, but the educational requirements and examinations of nurses are a mystery. It is doubtful if the community knows that the nurse has any teaching apart from the daily work on the wards. They know nothing of the formal lectures given or who gives them. The reason for this ignorance is not indifference on the part of the public but the fact that they are separated from the training schools by that formidable body, the board of governors. This board, dealing with problems affecting large numbers of women, seldom has a woman member. The women in the community who are interested in hospitals form hospital auxiliaries which do pleasant little tasks like making dresser covers, leaving work requiring thought to the men on the board. When the married women in the community who have leisure for public work begin to regard themselves, as adults, capable of assuming responsibility on hospital boards, they will bring to the task the practical common sense which has characterized their work on school boards. They will form a link between the board and women's clubs.

In a city of Regina's size the Collegiate teachers have a certain prestige, and good salaries. Their work is considered important. Is not the teaching of nurses as important as the teaching of high school students? It assuredly is and would be considered so if the nurses made the community see its significance.

The appointment of a medical lecturer to the nurses' training school should be of as much concern to the public as the appointment of a chemistry teacher to the collegiate.

It should mean some thing more than inveigling a tired man into doing a little more charity work after hours. Will the time ever come when the lectures can be given before 5 p.m.? Most hospitals assume that doctors enjoy working for the love of it. Why not raise the status of the doctor-lecturer by the payment of salaries in line with those of the collegiate teachers. A conscientious lecturer must read current medical magazines and the latest text-books. Preparation for each lecture requires at least two hours. Just why the community regards this service of less value than that of its engineers or its teachers is difficult to understand, except that it is so regarded by those who do it.

"Lecturing to the nurses" must be changed from a thankless task at the fag-end of a day to an honour contended for by many but given only to the efficient, well-chosen few.

#### IV

#### FROM THE STANDPOINT OF THE NURSING PROFESSION

By M. IRENE HALL, Superintendent,  
Victoria Hospital, Prince Albert, Sask.

Granted that there is already community interest in all matters pertaining to health now that the business of living is influenced so largely by the ability of each individual to enter into competition and hold his own, and that the possession of health is proven to be so great an asset, we take the opportunity of considering the influence that organized interest in the education of nurses is likely to exert.

When any subject interests, a thirst for knowledge regarding that subject arises, and in the quest for that knowledge the interest is spread and its effect grows.

When Florence Nightingale visited her patients during the Crimean War carrying a lamp, probably her only thought was that she might lighten her path and throw light upon the immediate duties she was performing. Her wildest vision could not have

foretold the far-reaching effect it has had. I venture to think that her money and influence in starting systematic training for nurses would have borne fruit much more slowly had the stories of the Lady of the Lamp not been told at all ends of the civilized world by the returned soldiers to whom she had ministered.

In her training school she lit another lamp which shone through the personality of her pupils. Their minds were fired with the desire to spread the knowledge abroad as well as to use it to lighten the distress of the sick and suffering, and the light flourished as it spread throughout the nations.

So long as knowledge had not been recognized as necessary to nursing it had been considered beneath the notice, as a vocation, of any woman who was possessed of any education or refinement, except among those who found expression for the exercise of their religious belief and convictions; and nurses were a much to be avoided evil.

Florence Nightingale's early successors had a very great prejudice to break down and found the most powerful weapon to be "more education." In 1893 Mrs. Rebecca Strong founded the first pre-nurse educational course after having convinced the doctors and directors with whom she was in contact that such an innovation would help to raise the quality of nursing. In writing to the nurses of her old hospital on the occasion of their forming a Nurses' League—the equivalent of an Alumnae here—she reveals her ideal in passing it on thus—"Your personality will tell . . . think upon this and see . . . that it may become 'A beam of perfect white light.'" Elsewhere in the letter she reminds them that conditions of life (environment) are ever changing—human nature is constant. The immediate effect of increased education was the attraction of women with more intelligence to the ranks.



As the standard of education becomes higher the training becomes a greater strain. Not so many years ago even the menial work in many prominent hospitals was largely done by nurses. This has been practically eliminated, but the science of medicine has advanced so tremendously and the nursing requirements are now so much more exacting, that existing conditions continue to be such as entail a severe tax on the physique of the nurse, pupil or graduate—and the sacrifice of a great deal of personal liberty.

Great achievements have been realized in raising nursing to an honourable place in the social world mainly through the influence of outstanding personalities within our own ranks. Have we not now reached an age where co-operative effort will be more fruitful, where the embracing of outside ideas will enhance and broaden our education?

The general public, nowadays much more understanding to the needs of the various units that make it up, are active in responding with the help indicated. The large cities have been enabled to organize real schools for the training of nurses, with a teaching personnel, while the smaller centres are still carrying on with part time, and for the most part untrained, teachers. These latter schools fill as important a role as any and open the way for many to satisfy the longing to become nurses, but so far as the school is concerned it is a hard one, and leaves the graduate in a less enviable position than does the larger and more centralized school.

We cannot centralize the people who require hospital treatment. It is inadvisable to discontinue smaller training schools when they provide the necessary material for practical training, but it is also unfair to the students to continue as at present. Our hospitals and their conduct are community responsibilities, and those whose interest proves most conducive to real improvement are they who

have the most complete inside information. Could we not by explaining our position in the training schools awake an active interest? I am sure we could, provided we can agree among ourselves what our plan of campaign should be.

In a review of the comparative earnings of women workers in a city in the United States a few years ago, it was found that the average earnings of 401 graduate nurses during one year was \$760.00 while the average earnings of 1,200 women engaged in the making of domestic clothing was \$398.00 for the same time—a difference of \$362.00. For the woman engaged in sewing to increase her income to that of the graduate nurse an annuity of \$362.00 per annum might be purchased at a cost of approximately \$7,000.00 cash; therefore we conclude that the extra education and years of training are worth \$7,000.00 to the nurse.

A recent survey of nursing in the United States finds that the supply of graduates is more than the demand, or likely soon to become so. Possibly to nurses in any large city this may seem obvious, but that such was the case would almost appear absurd in less populated districts. Why this inequality of distribution? The nurses' duties are better understood in the cities, the number of people among whom to divide the various duties created by illness is greater, and the call for nurses is more stabilized.

During her time in training a nurse usually accommodates herself to the ways of the community and feels herself of more service among people she understands. She may just follow the line of least resistance, or she may have acquired a thirst for knowledge and only cease in her quest in order to gather the wherewithal to acquire still more knowledge. The transference from one type of hospital to another calls for tolerance on every side; and criticism may detract from harmony. A levelling up is needed,

and the accomplishment of that is only to be met by a raising of the whole status of the entrant and of the graduate. A step towards that end has been made in Saskatchewan where a travelling dietitian has served to interest several communities in that department of a nurse's training and to raise the respect felt for the training given.

Could we but demonstrate that money expended on organized schools of nursing is justified; that the mental capacity of the nurse student requires food for development and time to digest it; that it is more profitable in every way to pay for education in money than by the mental and physical drain so generally existent, more especially in smaller hospitals, we would have better regulated conditions for all. Less irregularity in the matter of duty hours, a more professional attitude, and the nursing profession would have a greater attraction for those of better and higher educational standards who now avoid what appears to entail so much personal restriction.

I have purposely confined my remarks to apply to communities outside of large centres. There the interest would centralize on the further education of nurses: the extension courses leading to administrative positions or the provision of training in special branches. One can hardly overestimate the power of the nurse in any department of public health work in impressing the value of nurse education to the community.

The Saskatchewan by-laws relating

to training schools include a recommendation that there be a committee formed including doctors and members of the staff of educational institutions, as well as those nurses responsible for the teaching of pupil nurses, to draw up a time table and syllabus for studies; thus recognizing the educational value of the training.

Nursing offers an equal if not a higher remuneration than does teaching. Those entering the teaching world take it for granted that a monetary outlay is unavoidable; also that refresher courses are necessary to enable them to earn this.

We as nurses have been reaping as great a monetary harvest, yet we take it as a matter of course that our outlay is time plus pocket money. Could we not put ourselves in a position to command better hours and less personal restriction by convincing the community that an educational course distinct from, though supplemented by, practical instruction and experience is as necessary for nurses as for those who teach on other lines? After all, we are guiding the sick back to health and showing the highway of health in the journey through life in a way similar to that by which those we think of as teachers are preparing the travellers to take their place in the business of living. Let us live up to our teaching of hygiene and demonstrate that conditions that lead to our future health and usefulness are worth while paying for, and in so doing earn the respect and imitation of the members of our community.

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## *Reports of Round Tables, Biennial Meeting, 1928*

Space does not permit the publication of all the excellent papers presented at the Round Tables arranged by the Nursing Education Section as part of the Section's programme. These papers have been summarized and are published herewith, with the exception of those presented at the Round Table arranged for instructors in Schools of Nursing. These latter will appear in the October number of this journal.—(Editor's Note).

### I

**Subject: "How May the Nursing Education Section Best Serve Nursing Education in Canada"** Chairman, Miss Beatrice L. Ellis, superintendent of nurses, Western Hospital, Toronto.

In opening the discussion on this subject it was pointed out that it was important to obtain the interest of every nurse who was eligible for membership, and that one method which would help in this direction would be the appointment of a committee which would be responsible for the preparation of interesting programmes for meetings held. The National Nursing Education Section could enlarge its executive or provide a representative committee the duty of which would be to prepare some constructive suggestions for the provincial sections.

Miss Ethel Fenwick (Alberta) read an interesting paper, suggesting the following points:

1. That some attempt should be made towards the standardization of teaching methods, procedures and text-books.

2. That there should be established inspection of all schools of nursing.

3. That financial assistance should be provided in order that nurses may become qualified as instructors and supervisors.

4. That arrangements should be made for the exchange of instructors, whereby those in the smaller centres should have the opportunity of experience in the larger centres.

5. That instructors and superintendents be encouraged to meet in groups to discuss various questions as to teaching methods, supervision, discipline, etc. Any special benefits derived from such discussions could be placed at the disposal of all groups through the columns of *The Canadian Nurse*.

6. That the establishment of centralized teaching in localities where there are two or more schools of nursing be considered.

7. That arrangements be made with the principals of high schools for more time in the vocational programme in order that nursing, with its many opportunities and varied types of work available to graduate nurses, may be presented. Desirable candidates should be obtained by this means.

Other suggestions made:

That the National Section should serve as an advisory body to the provincial sections in forming a committee which should pass on text-books, records, etc.

That the National Section should act as a clearing house in an advisory capacity, and that it should give to the provincial sections the benefit of the material discussed at their various sessions.

That a full report of this meeting be sent to the chairman of the Nursing Education Sections of each province.

That questions such as that of reciprocity for registration should be considered through the National Section.

That there should be greater co-operation between the national and provincial sections.

That *The Canadian Nurse* should be used to a greater extent in publishing outlines of the material given in the various subjects in outstanding training schools for nurses.

It was pointed out that because of the peculiar organization—that is, the organization of the Nursing Education Section in connection with each provincial association—the development of nursing education had been placed upon the individual provinces rather than upon the National Section. The lack of contact between the national and provincial sections is to be regretted. The provincial sections should take more responsibility with regard to reporting their activities to the National Section.

It is important that the names of the representatives of the provincial sections should be kept up-to-date in the official directory of *The Canadian Nurse* magazine. It might be advisable to have the provincial representative to the National Council of the Section the chairman of the Nursing Education Section in the respective provinces.

It was suggested that reports from meetings of the provincial sections should be sent regularly to the National Section; and also that the National Section should in turn send to all provincial sections a report of their activities.

A committee of three was appointed by the chairman of the Round Table to prepare a resolution covering the points discussed. This resolution was later presented to the general sessions of the C.N.A. and met with the approval of the delegates (see *The Canadian Nurse*, August, 1928, p. 415).

### II

**Subject: "Methods of Increasing and Improving Ward Teaching."** Chairman, Miss Ethel Fenwick, superintendent of nurses, University of Alberta Hospital, Edmonton.

This subject was discussed in papers by Sister Laverty, superintendent of nurses, General Hospital, Edmonton, and Miss Frances Munro, superintendent of nurses, Royal Alexandra Hospital, Edmonton.

The consensus of opinion was undoubtedly that better co-relation between theoretical and practical teaching was of primary im-

portance. That as a large proportion of the student nurse's time is spent in learning through practical experience, in acquiring skill through actual performance, it is in the hospital wards that the major portion of teaching and supervising should be done. That the only means by which this can be accomplished is by providing sufficient accommodation for an adequate number of nurses for the wards and sufficient funds to provide the requisite number of instructors.

Given an adequate staff, the following were suggested as means by which ward teaching might be increased and improved:

The use of morning and evening reports.

The use of student experience records.

The use of case records.

Ward clinics.

The teaching supervisor.

Limitation of number of patients under one head nurse so that she has time to teach and supervise.

By making the general nursing care of a patient the responsibility of one nurse rather than the division of nursing services in regard to the individual patient.

The co-relation of theoretical instruction with ward experience.

The keeping of a reference book of procedures available on all wards, and also standing orders.

By supervision of all treatments by the teaching supervisor.

The value of ward clinics and case records in making good any deficiencies in co-relation of theoretical and practical work was particularly stressed.

The whole matter was succinctly summed up in the words "if all wards were small and all head nurses teachers, this would be perhaps the simplest way of safeguarding the student's ward-experience."

### III

**For Superintendents of Schools of Nursing.** Chairman, Miss Mabel F. Gray, assistant professor of nursing, University of British Columbia.

**Subject: (a) "Educational Standards,"** by Miss K. W. Ellis, superintendent of nurses, Vancouver General Hospital.

In concluding her paper Miss Ellis offered the following suggestions:

1. That representation be made to the proper authorities in the various provinces for the necessity of a more uniform system of education.

2. That as far as possible the same standard of requirement be demanded in training schools throughout the Dominion, making the standard as high as is felt to be compatible with existing conditions.

3. That an attempt be made to further educate the public of the necessity for high preliminary educational qualifications for those desirous of entering the nursing profession.

4. That a definite minimum age limit be

adhered to in case of applicants desiring to enter the training schools, students frequently being willing to sacrifice their education, if delayed, provided they can gain entrance to a training school while still of school age.

5. That definite credentials regarding qualifications be required.

6. That a course be arranged in each training school which will justify the demand for the educational pre-requisites suggested and fulfil the legitimate expectations of the student.

7. That every opportunity be utilized to demonstrate to the student during her course of training the advantages of and necessity for, advanced educational standing, for will she not in turn become a missionary for the cause?

(b) **"University Schools of Nursing,"** by Miss Ethel Fenwick, superintendent of nurses, University of Alberta Hospital, Edmonton.

Miss Fenwick stated in part: There are approximately forty-five such schools in the United States and one in Canada. That diversity in organization and management results in various types of these schools, as:

(1) The independently endowed school.

(2) The school of nursing placed in the university under the direction of the medical school.

(3) That placed under the direction of other faculties: such as Faculty of Arts, etc.

(4) The nursing school connected with a university hospital and under hospital direction, yet looked upon as directed in some degree by the university.

That the standard demanded by the school must be on a par with other departments of the university concerning—

(1) Educational entrance requirements.

(2) The status of the members of the teaching staff.

(3) Length and content of courses of instruction, including the field of technical training.

(4) Condition of life and work for students.

That it is essential for schools to be placed on a secure financial basis, the plan for budget depending on the type of organization.

Usually two courses are offered:

(1) First three years at college, last two years in hospital.

(2) Two years college, two years hospital, and the fifth to specialization in both college and practical work in some special branch of nursing.

Advantages to student nurses are: Better teaching facilities available, social and athletic contacts have a broadening influence—where education and student development are of paramount concern to the governing body, the student nurse should have ample opportunity for self-expression and improvement.

Miss Fenwick outlined the development of the nursing school connected with the University of Alberta.



## IV

**For Supervisors and Head Nurses.** Chairman, Miss Jessie E. Grant, superintendent of nurses, Winnipeg General Hospital.

**Subject:** (a) "Staff Conferences," by Sister Mead, superintendent of nurses, St. Boniface Hospital; Sister Mead said in part:

Staff conferences form the link connecting the care of the patient with the school of nursing. By this link the school has found its function, is bearing interest, is appreciated; harmony reigns and co-operation exists throughout the hospital. Here the supervisors of the wards meet with the superintendent of nurses, her assistant and instructors, forming the golden link in the endless chain which should exist in every hospital. . . . At these meetings questions should be asked. They should be put clearly and frankly, always bearing in mind the welfare of the patient, efficiency of the service and progress of the hospital.

Co-ordination is felt when members come prepared to expose difficulties encountered with the idea of preventing similar annoyances that might arise, in so far as the patient is concerned. Everyone should express her mind freely and make suggestions that might tend to improve the service, eradicate difficulties and create a mutual understanding amongst the workers. Each member will, without a doubt, be called upon to sacrifice some cherished idea.

These meetings present a golden opportunity for discussion of the best method to be adopted to facilitate co-relation between theory and practice work. The technique and nursing procedure adopted by staff conferences, together with the theory taught in the class room, are familiar to the nurse, but they do not always recognize the underlying basic principles when with the patient.

In these conferences every worker should be encouraged to make her service as attractive as she can to bring out the point that "beauty exists when good is performed." As clearly expressed by Father Moulinier, it is by possessing the great fundamental virtue of justice that we can place ourselves in a position for hospital betterment.

Let us take as a keynote for our staff conferences his principle: "Justice to patient, justice to the medical profession, justice to the nursing profession, justice to the hospital. It is this virtue which makes men, women, community, nation, strong and ready to meet any emergency."

(b) "The Educational Value of Institutes and Similar Short Courses," by Miss Elizabeth Russell, director of nursing, Department of Health and Public Welfare for Manitoba.

Miss Russell showed that it is recognized that no preparation made available in the education of the nurse is too great as long as

it creates the desire to serve humanity, especially today when the public expects so much from the doctor and the nurse as co-workers in the great battle for the health and efficiency of the masses. The short course or institute in not meant to take the place of the comprehensive post graduate course. However, from a well-planned short course the nurses' knowledge is brought up to date. They receive stimulation and fresh impetus to continue their battle against ignorance, poverty, neglect, disability, disease and death. For those unable, for one or more reasons, to take an extended course, the short course can be a very valuable means in stabilizing knowledge already possessed; further, it will make nurses more conversant with the newer teaching in health and disease, in energising them anew with the purpose of their mission and in imparting to them the vision of the future, so that the real reason for the existence of the profession may motivate and dominate their work; the reason that permeated the life and work of the greatest Humanitarian of all the ages—That the masses might have life and have it more abundantly.

(c) "The Place of the Head Nurse in the Educational Programme of the School of Nursing," by Miss Alice Laporte, superintendent of nurses, Misericordia Hospital, Winnipeg.

In presenting this subject Miss Laporte emphasized that the head nurse should be regarded as contributing a very definite part to the education of the students. This requires that the head nurse be awake to her responsibility, possessing a stimulating personality, enthusiasm, adaptability and dignity, coupled with interest in and necessary preparation for teaching.

Directors of nursing will find it advantageous to adopt specific methods for ward teaching, thus helping the head nurse in her efforts to see that the students realize the application of classroom instruction to the practice of nursing in the wards. The head nurse, able to organize and conduct ward clinics, is the logical one for this responsibility; she can encourage the students to bring their problems to her. She should acquire the art of quizzing the students re their patients. This leads to interest in the day's duties and also develops powers of observation. She will appreciate the value of the reading of the night report, which might be followed by a few minutes discussion—discussion relating to an almost unlimited number of subjects.

To have the head nurse an effective, stimulating faculty member she must not be so overburdened as to develop lack of appreciation of her responsibilities to the students, the patients and herself.

Staff conferences and other educational means should be used to have her feel a sharer in a compelling educational enterprise.

*Reports—Provincial Sections*

**ALBERTA:** During the last two years the work of the Nursing Education Section of the Alberta Association has apparently moved slowly but surely. Being in our infancy, we must first creep before we can walk—all true progress naturally develops in this manner.

The outstanding work accomplished was a minimum curriculum, the first of its kind in this province, which has been designed not only as a check, but also as a help to the individual school of nursing, by supplying a workable outline upon which the theoretical education of the nurse can be built. This curriculum is now in use throughout the province. The next step will, of necessity, be the instituting of some method for checking the fidelity of the schools in carrying out the requirements laid down, the most desirable check being the expert inspection of these schools. This is a step towards which we are moving.

Refresher Courses were held at the University of Alberta in the spring of 1927 and 1928, both of which were highly appreciated by the graduate nurses of the province, and were well attended, demonstrating the felt need of the worker in the field for the renewing of strength in such periods of refreshment.

**BRITISH COLUMBIA:** The meetings of the British Columbia Graduate Nurses Association are held three times each year—and these meetings are held in turn in the three larger Coast cities, Victoria, New Westminster and Vancouver. The meetings of the Nursing Education Committee are held at the same time. The attendance is largely from the Nursing Schools in the three centres mentioned, but there has also been a very satisfactory attendance from several of the inland schools.

The Committee has interested itself largely in the subject of educational admission standards and in examinations. Acting upon recommendation of the Committee, examinations for registration by the Graduate Nurses Association are now held three times instead of twice a year, thus enabling the new graduate to write at a convenient time.

Through the efforts of the Committee a satisfactory form has been prepared which indicates—when filled out accurately—in a concise and uniform way the educational standing of the applicants; adopted by the Nurses' Council, this has been very generally accepted by the Schools of Nursing. Another difficulty was the evaluation of "equivalents". The Registered Nurses Act set no educational admission standard, but the Nursing Schools have for some years now very generally accepted the requirement of two years of high school work, as recommended by the Nurses' Council; a difficulty still remained in the case of applicants educated outside of the Province. The Department of Education has now agreed to evaluate the educational credentials of such applicants.

In order to familiarize all schools with the new type examination questions, and to try out their suitability, committees have prepared papers in a number of subjects and they have been multigraphed and sent out to all of the schools.

Efforts have been made to make the meetings of interest by arranging for exhibits of nursing appliances, and for practical demonstrations of nursing procedures. Members of the Committee have also, as in the past, assisted in the preparation of a technical exhibit at the annual meeting of the B.C. Hospitals' Association, and have also taken charge of one session of the programme for this Association.

The Provincial Registrar acts, as in the past, as Inspector of Training Schools, and makes an annual inspection of all schools, or even more frequent visits where such are requested. In this way any members who have been unable to attend meetings, are brought into touch with the work of the Committee.

**MANITOBA:** The writer was appointed convener of this Section in February, 1928. Since that time two meetings of the Section have been held: one in March and one in June, at the time of the regular meetings of the M.A.G.N.

At the request of the Committee on Legislation a revision of the minimum curriculum was undertaken.

Communications have been sent to the Minister of Health, the Minister of Education, and the President of the University outlining the reasons why the M.A.G.N. is interested in establishing a Department of Nursing in the University of Manitoba.

**NEW BRUNSWICK:** During the last two years little has been done by this section. The minimum curriculum, which was adopted a short time ago, is being used successfully in all schools, and seems to have filled a long-felt want.

Examinations for Registration of Nurses are held in May and November of each year. More candidates are coming up each year for examination and the number of failures is gradually diminishing.

Of the eleven training schools in the province, five have affiliation with Montreal hospitals for obstetrics or general nursing, and six have affiliation with the Saint John County Hospital for tuberculosis.

A committee is working on standard records for the schools and hopes to have these ready in a short time.

**ONTARIO:** On April 20th, 1928, the Nurse Education Section of the Registered Nurses Association celebrated its third birthday on the occasion of the third annual meeting of the Registered Nurses Association of Ontario. It is with much pleasure that the Nurse Education activities since the last meeting of the Canadian Nurses Association, August, 1926, are presented.



Early in 1927 a committee, with Miss Jean Gunn as convener, was appointed to approach the University of Toronto in an effort to establish a Course for Instructors in the University. The University appointed a committee to meet jointly with the nursing committee and several very interesting conferences were held as a result of which a report and recommendations were prepared and presented to the Senate of the University. A one-year course for Instructors has been established, applications are now being received and considered for the first course, to commence September, 1928. The Nursing Education Section hopes to present a scholarship this year for the course. The Province of Ontario now offers two courses for Nurse Instructors, Western University having established a course several years ago.

In July, 1927, a short course (six days) for Instructors was arranged, under the convenership of Miss E. MacPherson Dickson, at Western University, London, with clinics and demonstrations at the London hospitals and sanatorium. Eleven lectures on Principles of Teaching and five lectures on Public Speaking were included on the programme; other subjects presented and discussed were: Training School Organization, Arrangement of Lecture Course and Class Schedule, Clinical and other Ward Records, Social and Physical Welfare of Staff and Students, Training School Records, Class Room Equipment and other facilities for Teaching, Case Study and Mixed Services, Co-relation of Theory and Practice, History of Nursing, and the Future of Nurse Education. Eighty-two students registered for the course, and there were two guests from foreign countries. The resolution of thanks and appreciation to the Section of those attending bespoke of the success of the week's study. At the request of the Training Schools the course will be repeated this year. At the date of the preparation of this report the enrollment or other details are not available, but will no doubt be sent forward to supplement this report.

A course in Public Health Nursing has been established in the School for Nurses, Toronto General Hospital, covering a period of four years. The first year the student attends the University of Toronto for eight months and is then enrolled as a student in the preliminary course of four months in the hospital school. The second and third years are spent in the hospital and in the fourth year the student returns to the University of Toronto for special work in Public Health Nursing. The educational requirement for admission is complete junior matriculation with senior matriculation in three subjects, English, Physics or Chemistry and a third subject, preferably a second science. The combined course as outlined will qualify the student for the Diploma of the School for Nurses of the Toronto General Hospital and the Diploma of Public Health Nursing from the University of Toronto.

In the year 1926-27 the Board of Directors of the Registered Nurses Association of Ontario presented the following resolution to the Nursing Education Section:

"Whereas the Departments of Nursing in the various provinces and states demand an official statement of the primary education of student nurses in registered schools of nursing, and whereas a great many of the smaller high schools and continuation schools are unable to produce authentic records, be it resolved that this Association approach the Department of Education of Ontario asking that some simple form of records be prepared for the use of the principals of these schools, because frequent change in personnel may make it difficult to procure satisfactory records. It is further recommended that this resolution be forwarded to the Nursing Education Section and also to the Canadian Nurses Association for action in other provinces, since it is shown that so many students in the Dominion commence education in one province and, owing to various family and social conditions, are transferred to other provinces."

Letters were sent to the Departments of Education throughout the provinces of Canada asking for information regarding forms used for permanent records of high school students' standing. The result of this study presented at the annual meeting of the Nursing Education Section, 1927, gave rise to a decision to continue the study. A conference was arranged with Dr. Merchant, Director of Education for Ontario. Extracts from the report of the conference may be of general interest: Dr. Merchant, in reviewing the educational record forms which the Training Schools in Ontario require to be submitted by each applicant, stated that he considered the kind of information required by the form of little value to anyone, because, excepting the Departmental examination for Entrance and Junior and Senior Matriculation, there is no uniformity of examination within the schools of the province. He suggested that if some standard is required as a guide to the qualifications of prospective students, it would be necessary and desirable that instead of requiring "2 years of high school or a satisfactory substitute therefor," we should ask for standing in one of the Departmental examinations or a satisfactory substitute therefor.

Dr. Merchant also reminded the Committee that while the curriculum is prescribed by the Department for high schools of the Province, the schools are operated and directed by local boards of education; these boards, beyond a simple record (of name, age, nationality, school previously attended, daily attendance, etc.) decide what records will be required, or leave it to the discretion of the principal. For the Department to require any more detailed record it would be necessary to seek legislation. In view of this fact, Dr. Merchant stated that he could not

recommend such action for the following reasons:

(a) Since there are enrolled in the Province 63,117 students for whom records are kept, the number required for the Nursing Profession represent comparatively too small a percentage to warrant further legislation to provide for more detailed records.

(b) Even if legislation were secured to provide more detailed records to enforce a regulation for detailed records, it would involve additional inspection of records by the Department and additional secretarial staff for the high school, the cost of which would be prohibitive.

(c) Since the standards of teaching, examination and marking vary so largely in various localities, there cannot be considered to be any reliable uniformity in the records of attainment.

In this connection it is of interest to note that in the preparation of the programme of the Ontario Educational Association the subject of "The Technical Schools as a Preliminary to Hospital Training Schools" was included, and a member of the Registered Nurses Association of Ontario was invited to attend the meeting and participate in the discussion. At this meeting a committee of the Ontario Educational Association was formed to study the relation of Secondary Schools to Schools of Nursing. This committee was formed with the hope that at the annual meeting of the Registered Nurses Association of Ontario, a committee would also be formed and that the two committees would work and study together. This has all been accomplished. Three representatives of the Ontario Educational Association attended the annual meeting of the Registered Nurses Association of Ontario and addressed the general meeting. An interesting article by Miss O'Donoghue, Vocational Director, Walkerville Technical School, will appear in *The Canadian Nurse* in the near future. (See July 1928, Ed.)

The Council of Nursing Education reports that registration examinations have been held twice yearly since 1926. In 1927, 1,074 nurses wrote on the provincial examinations, of whom 958 successfully passed and received certificates of registration. At the close of 1927 there were 10,146 registered nurses in Ontario.

The Nursing Education Section is appreciative of the co-operation and support of the Canadian Nurses Association and stands ready to assist by every possible means the splendid work of the Association in furthering Nurse Education in Canada.

**SUPPLEMENTARY REPORT:** Following the annual meeting of the Association and at the request of the Nursing Education Section, Miss E. MacP. Dickson was asked to convene a committee to make arrangements for a Refresher Course for Nurse Instructors. The duration of the course was one week and it was organized with the co-operation

of the Extension Department of the University of Western Ontario and held at Victoria Hospital, London, from June 25th to June 30th. Thirty-three members registered, twenty-seven were institutional nurses, five private duty and one, a public health nurse.

Two hours daily were given to Principles of Teaching, and demonstration classes were given for criticism in Anatomy, Practical Nursing, Psychology and Professional Problems. Lectures were also given in How to speak in Public, Training School Problems and Nursing Demonstrations. As a refresher course for experienced teachers or as a guide to inexperienced teachers it was felt by those present that it was most successful and admirably convened.

**QUEBEC, ENGLISH-SPEAKING SECTION:** The executive committee met once a month and three general meetings were held during the year.

The committee took as subjects for study: The advisability of recommending the use of Uniform Text Books in English Schools throughout the Province and The Minimum Curriculum for Schools of Nursing in Quebec.

The result of the work on text books is that it has been ascertained that all superintendents of schools of nursing in Quebec are in favour of the use of uniform text books and that a committee has been appointed to decide what books shall be used. It was decided that the recommendation of books shall not be made to the provincial executive committee until after the biennial meeting of the C.N.A. in case that Association shall decide to act in the matter, and to study the merits of text books suggested by the provincial committees.

During the study of the curriculum a questionnaire was prepared and sent to the superintendents of Schools of Nursing in Quebec. A summary of the replies received with criticisms of the present minimum curriculum and suggestions in case a revision be undertaken was sent to the provincial executive committee. A comparative study of the Minimum Curricula of all the provinces was undertaken and a report prepared showing the requirements of each province. As a result of the study it was found that in some subjects the curriculum does not meet the requirements of the schools. The committee will recommend a revision, but has postponed taking any action in the matter until the first meeting following the biennial meeting, C.N.A.

During the summer of 1927, an Institute in Practical Nursing arranged by this committee was very well attended.

The programme for the General Meetings included the report of the executive committee, a paper on Current Events in Nursing, and either a speaker on some subject of interest or discussion by members of the Section on subjects relating to Nursing Education.

**QUEBEC, FRENCH-SPEAKING SECTION:** The Section held two meetings, in January and May. The first, at which a large number of



sisters and superintendents were present was very interesting. Nursing conditions in the French Schools were discussed from the educational viewpoint, rather than the special surroundings of the nurses. It was recognized that a large amount of emulation existed everywhere. The superintendents of nurses manifest a great willingness and desire to improve conditions, where they require it. The Minimum Curriculum of the province is closely followed, with an endeavour to fulfil all the provisions.

In the vicinity of Montreal, the schools under the control of the sisters of the province, have made much progress. The superintendents of these schools meet from time to time to discuss their problems, and profit from the experience of the seniors.

The regular meetings announced in advance are well attended and enjoyed. All superintendents of the district attend and show an earnest desire to co-operate in the development of the theory and practice of nursing.

At the May Conference it was brought to the attention of those present that there was a regrettable lack of esprit de corps among the graduates in general. They did not seem to have the larger interests of the profession at heart. It was resolved that in the schools the superintendents and instructors should aim by every means in their power to create a new mentality among the students, so that a sense of their responsibility and solidarity should be developed. Dr. Benoit, president of the Nurses Committee, University of Montreal, presided at this meeting, and addressed the nurses.

The French Educational Section takes the occasion to thank the committee of management of the Provincial Association for the opposition led against the Bill of the College of Physicians of the Province of Quebec which attempted to interfere with the registration and control of Schools of Nursing, and to congratulate them on the success obtained by their activity and vigilance.

**SASKATCHEWAN:** The number of Schools of Nursing remains the same, namely 14. It is understood that a small hospital is arranging to open a school this year. No schools have been discontinued. The number of nurses graduated from the provincial schools of nursing in 1926 was 115, and in 1927, 115; 230 in all. Two hundred and forty-eight nurses passed the provincial examinations for registration. Two hundred and forty-two nurses have been admitted to the Register, either by examination or through reciprocity; about 19% were registered in 1927 by this latter procedure. Seven schools had affiliated with other schools in 1926 and five in 1927. Last year 326 graduate nurses were employed in the hospitals and 555 nurses were in training. All the larger hospitals have increased their nursing personnel, both graduate and student staffs, to provide nursing care for an increased

number of patients, also to provide for better teaching facilities in the schools of nursing, especially in laboratory and demonstration equipment. One school reports that Bell Records are being used, and a compact record card has been compiled by the superintendent of one of the smaller schools. This is already being used in two other schools and it is likely that it will be adopted in others.

A dietitian has been employed by five hospitals for a short term varying in length according to the number of students in the schools. It is understood that this plan is to be continued and possibly more than one dietitian engaged.

The Sanatorium at Fort San, Fort Qu'Appelle, has organized a post graduate course in the Care and Prevention of Tuberculosis. This has already been attended by 26 graduate nurses and 12 affiliate students. A well-equipped laboratory, good class rooms and a delightfully located hospital add to the attractiveness of this course. Post graduate training in laboratory work, physiotherapy and X-ray, is available at the Regina General Hospital. Several nurses have attended the laboratory course at the University of Saskatchewan where a course leading to the degree, B.A.H.Sc. has been established. Graduates from the University, having gained experience in larger centres now hold positions as hospital dietitians in the Province.

A yearly Institute or Refresher Course, held at the same time as the annual meeting of the Saskatchewan Registered Nurses Association, affords an excellent opportunity for provincial nurses to brush up. These courses are comprised of a series of lectures on subjects chosen because of their special interest to the nursing world and usually bear on new developments such as have been made in the treatment of diabetes, etc. The nurses of the province are indebted to those nurses and doctors who have collected and passed on information at these courses for the benefit of the nurses.

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### FELLOWSHIP AWARD

Through the courtesy of the Rockefeller Foundation in its provision for Travelling Fellowships for Nurses, Miss Ruby M. Simpson, Department of Public Health, Saskatchewan, recently spent several weeks in the Southern States visiting State and County Health Departments as well as various organizations and institutions concerned with health work in Virginia, Alabama, Tennessee and Ohio. Each of these States, while they have problems peculiarly their own, also present rural conditions fairly similar to Saskatchewan, and the work in public health nursing organizations was therefore of great interest.

## Department of Public Health Nursing

### *The Nurse as a Teacher of Public Care*

#### I

#### THE MOTHER ON THE MATERNITY WARD

By C. V. BARRETT, Superintendent,  
Royal Victoria Maternity Hospital,  
Montreal

In our nursing schools today there is a marked tendency to stress the preventive side of medicine; therefore, from the beginning of a student nurse's training she should realize that her duty of teaching health is as important as her task of caring for the patient's physical ills.

When the time comes for her obstetrical training, she is made aware of the opportunities this service offers, by the instructress and the head nurse of this department, who should be excellent teachers themselves, as it is useless for us to expect juniors to do better work than their seniors.

There are great possibilities of service in a maternity ward as well as great responsibilities and the greatest of these is the instructing of the young mother in the care of her new born.

We, perhaps, have not given enough thought to the trying time the young mother has to face when she reaches home, or, perhaps we have been unable to formulate a definite plan of action, not because we did not realize the importance, but like Martha "we were careful and troubled with many things." (Luke Ch. x, verse 42.)

But does this responsibility rest entirely with the nursing staff? Decidedly not—it should be shared alike by the personnel of the pre-natal clinic, the nursing staff and the child welfare association or any other welfare association, to whom the baby is referred as it leaves the hospital.

Let us endeavour to correlate this work so that there will be good co-operation and no overlapping.

A. (1) First in the *Pre-Natal Clinic*, besides advice regarding personal hygiene, diet and the care of excretory organs, the young mother should be taught what clothes to get ready for her baby.

In the pre-natal clinic of the Royal Victoria Montreal Maternity, the Auxiliary Board, composed of young married women, have a committee responsible for this work. They exhibit a layette which they also sell at a nominal price (\$6.96). These garments are cut out and ready for sewing, and some one is at hand to instruct the mothers how to make them. During the last year a great number of young mothers have been helped in this way.

(2) Here also there should be a table set up with all the articles needed for the daily toilet of the infant. These articles should be cheap and very simple so that they can be cleaned easily and purchased at a very little cost.

(3) Attractive posters, regarding important points in the care of young children, should be exhibited.

(4) Each mother should be provided with some literature dealing with the care of the new baby.



In our clinic we try to provide each mother with the Canadian Mother's Book, by Dr. Helen MacMurchy, Chief of the Division of Child Welfare, Department of Health, Ottawa.

B. (1) Let us now consider the patient's education in the ward. After the trying ordeal of the delivery is past the patient should be kept quiet and free from worry until the hour of the first nursing.

Before the student nurse begins her nursery training, the advantages of breast feeding—both to mother and child—should be explained; she should learn how to handle the difficult period of the first nursing under the closest supervision, as a great deal depends upon this first effort, and patience and perseverance are needed from the beginning.

(2) Each step in the care and handling of the breasts should be a means of helpful advice and instruction.

(3) If the hospital has a circulating library, several copies of books on the care and handling of children should be kept, and the patients urged and encouraged to read them.

(4) When should the patient be taught how to bathe and handle her infant? Without a doubt while she is in hospital, and again without a doubt this is a most difficult thing to manage.

Speaking from experience it is an easy matter to plan in a small unit, but in a large department of over 100 beds the effort seems greater, and the obstacles more numerous. But in spite of the difficulties, the problem must be solved and the mother taught at least how to bathe her infant.

You might be interested to know how we managed at the Royal Victoria Montreal Maternity. First a staff conference was held at which both obstacles and facilities were freely discussed.

It was discovered that, although private patients remained longer in

hospital than previously, public patients, owing to economic reasons, seemed to insist on leaving sooner, usually the second day out of bed, and before they could remain up for a long period of time. This meant that the private patients could go to the nursery for the demonstration but that public patients could not, so we decided to have a student nurse bathe a baby in our public ward, once a week, under supervision of a staff nurse, using utensils easily procured in any modest home. This has been very helpful to the patients and, we believe is a great value to the student nurse.

Now the drawback to this arrangement is that the patient does not handle the baby under supervision. This is overcome by referring each infant as it is discharged from hospital to the Child Welfare Association, who send a nurse within twenty-four hours to visit the mother and infant. This public health nurse gives advice, and if necessary supervises the first bathing, and refers the child to the nearest Child Welfare Station, where it is kept under observation for a period of one year. These clinics are staffed by the best pediatricians in the city. During 1927, 1,188 babies were referred by the Royal Victoria Montreal Maternity to the Child Welfare Association, Montreal.

It is while the nurse is taking her obstetrical training that her sense of duty and her responsibility to the future generation must be awakened. There never was a time when the importance of pre-natal and infant care was so emphasized as it is today, and it rests with us to see that the experience and training received in this branch of nursing is such that it will enable her to understand and appreciate the "never ending wonder and beauty of the miracle of life" as well as realize that a nation's greatest asset is the health of its children.

## II

**THE YOUNG MOTHER AT HOME**

By C. deN. FRASER, Winnipeg, Man.

Two important factors which help to shape the lives of us all are those of heredity and environment.

A nurse should exercise a beneficial influence on the surroundings or environment of her patients, both mother and infant, and endeavour to maintain a cheerful, restful atmosphere, as free of worry as possible. Now before discussing a few details on which a nurse can give the young mother some advice in the care of herself and infant, we might distinguish between the public health and private duty nurse by saying that the objective of the former is primarily educational, the nursing being secondary, whereas the latter is primarily out to nurse and her teaching is secondary.

This paper is discussing the subject from a private nurse's viewpoint.

Unlike the district nurse or Victorian Order, we do not have a worked-out system which we all adhere to, but use our own initiative a good deal and work out our own system in caring for our obstetrical cases, following, of course, the methods the physician in charge of the case is in favour of, and for the remainder what experience and study has taught us.

For instance, it was suggested to me by another nurse of experience, the great advantage in taking one's own set of dressing basins on a confinement case. These being secured so as to fit neatly into each other are not a very cumbersome parcel and are well worth the outlay if one is doing much of that work.

In directing the mother what to provide for herself and infant, we have to be guided somewhat by her means, and endeavour to keep down expenses as much as possible, at the same time seeking to secure for her the most up-to-date and approved nursing care. The sterilizing of sup-

plies has also to be regulated somewhat according to the means at hand in the individual home. Steaming in some form and drying out in the oven is the method we mostly employ. Where money is of no object, in large centres sterilized accouchement outfits may be obtained containing everything necessary. The arrangement of the room, position of the bed so as to obtain the best light, and the location for the infant's cot have all to be thought out in good time by the nurse.

Now we shall consider the points on which we may give advice to young mothers, and to do this we shall divide these mothers into three groups and name them for purpose of distinction:

The happy, easy-going mother;

The anxious, careful mother;

The strict, scientific mother.

Now the first of these, the happy, easy-going mother, enjoys her baby to the full and is quite willing to leave all responsibility to the nurse. The baby is the pretty plaything to amuse the family and friends whenever they may want to be amused. The danger is that the infant may suffer from over-attention and its sleep be interfered with too often. The children, also, may be allowed to run upstairs laughing and shouting, and baby is startled by their noise. If you remonstrate with them, the mother thinks you are fussy. She says baby will have to get used to their noisy house, as she would be sorry to stop the children having a good time and enjoying themselves.

Here the nurse may point out that it is beneficial for children to be taught while young to have consideration for others; also she may impress on the mother the importance of quiet at this early stage of the infant's existence as often preventing the development of troubles later on.

Here I will quote from a medical journal on "Babies and Noise":

"So much is spoken and written at the present time concerning the diet best adapted for the proper develop-



ment of young children that there is a certain danger of considering correct feeding to be the only proceeding necessary to ensuring the baby's health and growth. From certain facts, however, that have emerged from a series of records of normal infants from birth onwards, published in the annual report of the St. Andrew's Institute for Clinical Research, it would appear that quiet and restful surroundings are almost, if not quite, as important to the baby's well-being as right feeding. It has been proved that certain infants, although correctly dieted, failed to thrive in noisy and unrestful homes, and at once improved when transferred to quieter and more peaceful surroundings. In so clamorous and blatant an age as this, it is indeed difficult to ensure that young children shall always escape the irritation of the baby's delicate brain caused by the sudden whirr of an insistent telephone, the startling hoot of motor cars and other raucous sounds of modern civilization; but at least care should be taken that reasonable quiet should exist in the immediate surroundings of young children, and that their daily airings should not be taken in noisy streets and shopping centres of our great towns."

Now we will turn from what we may call the Happy Home to the Restful Home. Here we have the anxious, careful mother; indeed, what we may call the essentially motherly mother, whose one thought is the baby's welfare. Her infant is not so much the "pretty plaything" to her as the "precious problem." No one may disturb him or pick him up unless nurse allows them to do so. The children are not of the tomboy type, and will tip-toe upstairs if baby is sleeping, and lower their voices when they enter the nursery. The nurse has little to make her uneasy about the baby, but the mother in her devotion may become over-anxious. She begins to be afraid she is starving the infant, and it is no good trying to laugh her out of the idea. The nurse can only, after weighing baby carefully, try to prove to her that it is gaining and that its sleeping well shows it is contented. If there is any doubt that it is not getting sufficient, she must ask the doctor's advice about putting it

on some supplementary food, trying first, however, to build up the mother's strength and increase the breast supply by giving her extra diets of ovaltine, lactagol, etc., and, above all, seeing that she drinks plenty of water. As a rule it is after the mother begins to go about and may let herself get over-worried or over-tired that the breast supply becomes temporarily diminished, but often a good rest and a little encouragement will put things all right again.

The last type of mother I have called the strict, scientific mother. Her baby is not regarded so much by her as a "pretty plaything" nor as a "precious problem," but she aspires to have it the "perfect pattern" of what a baby should be.

A set of rules and regulations are set down after consulting the doctor and some of her young married friends, and the nurse is expected by her to carry out her wishes and not to have any voice in the matter herself. The last type of mother we spoke of would want to be sure the nurse was fond of babies and would be kind to hers; this mother is more afraid the nurse may spoil hers or that her technique is not quite up to date enough. We called the other two homes the "Happy" and "Restful" Homes, and we may call this one the "Well-Regulated" Home.

Now, we all agree that regularity in the matter of their food, sleep and general management is one of the most important items in connection with the well-being of infants, and that we should be guided by the clock in our care of them. Still, I maintain that half the pleasure in caring for babies is in studying their little individualities and finding out their little troubles. The cleanest, daintiest, brightest and happiest ones are those who are attended to by mother or nurse whenever they require it, and who know that a little "S.O.S." call will always bring help.

A baby who is never picked up except at stated intervals, who is left to cry itself to sleep, may in time become placid and docile, but it develops something of the institutional type of child about it; it shows a lack of being mothered, which is something nature means a baby to be. The motherly quality is difficult to define, and if lacking cannot be taught. It does not make for over-indulgence on the part of the mother, but rather is an instinct that knows how to comfort, and is quick at finding the cause of any discomfort.

It is surprising how many trifles that could be put right in half a minute will cause a baby to be fretful and wakeful. While the baby is simply said to be cross, it is often suffering from a little lack of intelligence on the part of those in charge of it. Sometimes it is wrapped up too warmly, or it may want to be turned on its other side, while a newborn baby will often cry with thirst and a little sterile water will be all that it requires to put it to sleep again.

A thorough knowledge of the theory of infant care, practical experience, and the motherly instinct are the three essentials which combined make the best nurse and likewise mother.

### III

## THE MOTHER AND BIG SISTER IN THE HOME

By MARJORIE BAIRD, V.O.N.  
Edmonton, Alta.

In approaching this subject from the point of view of a visiting nurse, two aspects of it suggest themselves. First, the size of our opportunity, second, its unusual possibilities as contrasted with other public health work. In 1927 nearly 300,000 nursing visits were made to maternity patients and 50,000 more teaching visits to follow them up, by the Victorian Order of Nurses alone, not to speak of other visiting nurse services in Toronto, Saskatoon, Winnipeg and elsewhere in Canada. The second is the fact that the visiting

nurse has a closer contact with her patients and should make a deeper impression. It is being recognized in all health teaching that the study of people must run parallel to the study of technique, and as Dr. Mathers said last night: "It is the word that follows work that sticks." Miss Goodrich says: "The health of the child in no small measure depends upon an intelligent understanding on the part of the mother of the laws of health and hygiene. There is no person who has such an opportunity, as I see it, of helping the mother to this end, as the nurse who is charged with her care during pregnancy; every visit before, during, and after, the birth of the child, carries an educational opportunity."

From the first pre-natal visit, so often much later than it should be, the nurse may point out some of the whys and wherefores of the hygiene of pregnancy, may begin to pave the way for successful breast feeding, and emphasize the importance of medical supervision. The doctors have not yet made as much use of this service as we feel it justifies or they would report cases earlier. Another answer to the problem of reaching people in time, seems to be home nursing classes. Through instruction given in them, women may be taught the reasons for early visits to their physician, and for skilled nursing supervision and care. The visiting nurse, with her experience of all sorts of people and homes, and making the best meagre equipment, seems to be the obvious person to teach those classes, and the mothers are usually keen on the lessons about maternity and infant care.

In more than one of our classes last winter the questions and discussion got so deep into anatomy and embryology that the nurse came running home to look up her text books to make sure she was right. As some of us know after sad experience, classes should never be started without adequate equipment,



without provision for plenty of practice or without preparation on the part of the teacher; but well managed, they are a real contribution to the education of the community.

The nurse needs a thorough understanding of the normal physiological process, as well as the dangers that attend the business of having babies, and should have a scientific basis for the advice which she sometimes offers almost thoughtlessly, so that she is able to adapt her words intelligently to the person she is talking to, whether a well-to-do woman with a car and a pocket book which can afford spinach and all the up to date diets, or the poor soul who has seven hungry mouths to feed and thinks she gets plenty of exercise over the washtub.

In visiting nursing, delivery service is the most difficult service to organize and carry out, but the nurse who can be with the mother at that time, is often found to be a real friend, and trusted as such. Later, as she is in the home only about one hour out of twenty-four, every visit should be a demonstration. If the bedroom is warm enough, the nurse may bathe the baby beside the mother's bed, and as she works there should be a clear understanding of each part of the technique; how to have everything ready at hand, why we do not wash the baby's mouth but how it should be done if necessary and when; why the binder is not needed after a week or two, and so on. While the baby is nursing, some of the principles of breast feeding should be explained, and how the mother may do her part in giving her child his best foundation for future health. Then a few minutes work in finding and arranging a bed for the baby, and ventilating the room may be worth more than much conversation.

A good routine for mother and baby should be established from the beginning, if possible, followed up by two or three visits before the fifth

week. This is splendid for those who seek advice, and sometimes even has a slight effect on those who do not.

The first title given for this paper, *The Mother and the Big Sister*, brought to mind a whole procession of big sisters. M'ria S——, aged 12, might be seen getting a series of small brothers "cleaned up," into their coats and out to play, all done with efficiency and dispatch. Then the young lady would turn to keeping in the fires, getting the dinner, and after the nurse went, there was the baby's washing to do and the floor to scrub. An offer to send a woman for a day or two to wash, clean and bake met with indignant refusal. "Oh, M'ria's alright, I had more to do when I was her age." This busy big sister took time to watch the baby's bath, always scalded cup and spoon before giving him a drink and stood guard to protect him from the other children who had colds.

Annie S——, sullen Canadian child of an old fashioned Ukrainian peasant mother, 15 years in the country without learning the language, seemed to resent the seventh addition to the brood which already filled the three-room shack, but responded eagerly to the lessons in home nursing, given by the young nurse. She could take temperature and pulse accurately the first day, and was soon able to sew the binder and put the diaper on square, as expertly as the best. She even was fairly successful in keeping her mother to regular hours for feeding the baby, and later, when there was a dressing to be done, it was Annie who took the instructions, to try to interpret both the language and the idea of cleanliness to her mother. Mollie M——, on the other hand, an older girl, announces that she cannot bear babies. "Mother, for goodness sake pick that thing up, I can't stand its yelling." These are just

examples of contacts made with growing girls.

Often there are questions in the air at about the time the nurse's services are required. On the children's side: Why is mother getting so sloppy looking? Or where does the baby come from? On the mother's side: How much does she know? Where did she learn it? How, and what could I possibly tell her? Should not the nurse, if she is wise and understanding, sometimes be able to help the mother in finding what to say when the need arises? As has been so often said, it seems strange to try to train girls for almost anything, but their natural task of home making and bringing up families. In some places where this is not touched in the schools, Little Mothers' Leagues and Mothercraft Classes have made a valiant start and been quite successful. The requirements of the home nursing classes as to room for practice and preparation of teacher apply even more strongly to the junior classes. They often include some home nursing, and of course work on the principle of learning by doing.

Whether trying to teach in home or class, almost any nurse in undertaking the work feels the great need for careful preparation, both by study and experience, to meet opportunities which crop up on every side, as varied as they are numerous. She needs some knowledge of people, and of teaching, and she needs to have a pretty clear idea of why obstetricians, psychiatrists, dentists, dietitians, are recognizing the importance of preventive care for mother and baby before birth and after, so that as she enters the homes, she may interpret to the people, her neighbours, some of the scientific knowledge now available in the hope that it may somehow, sometime, bear fruit in health and happiness.

## IV

**THE BIG SISTER AT SCHOOL**

By J. G. STOTHART, Winnipeg, Man.

In presenting "The Big Sister in School," and I might add "The Big Brother" also, I wish to outline very briefly the work taught to both boys and girls and the results obtained.

In New York in 1909 a movement known as The Little Mothers' League was organized. Its aim was the teaching of proper methods of caring for the baby in the home and the group chosen as most suitable for this instruction were the girls of grade eight of the public schools. Many of these girls, usually from twelve to fifteen years of age, were from the under-privileged classes, and some from foreign homes, where old-time and old-country methods prevailed.

The idea "took" wonderfully, and soon spread all over the United States, and in the larger cities and towns of Canada.

As time went on, changes, enlargement and expansion have taken place. In Manitoba we are changing the name so as to include the boys of the community as well as the girls. The new name is to be "Home Nursing and First Aid," and a new manual for instructors and also a handbook for children are in process of preparation. These will contain instruction in personal and community hygiene, sanitation in home, school and community, care of infants and pre-school children, simple home nursing and first aid.

In all these measures the department of health and public welfare is co-operating with the department of education; and now any grade eight group who take up home nursing and first aid, may substitute it for agriculture, and receive credit for the same on their entrance examinations.

Boys' and girls' clubs are also taking up these courses, and a group from Gladstone have been successful in winning the free trip to Brandon Exhibition, and have been demonstrating to the public all this week in the Provincial Health Building.



We are already seeing the practical results of these classes.

A group of young Russian mothers at a health conference at The Pas a year ago handled their babies—dressed and undressed them—with much more deftness than did their English-speaking sisters, and discussed their problems with the doctor in such a way as to make their previous teachers proud of them.

A great many pupils in our training schools for nurses date their interest in and their choice of nursing as a profession to the instruction received in their grade eight class at school.

Mothers frankly admit that they have learned many new things both in theory and practise from their own daughters. As an instance, many foreign mothers are now applying heat in the form of fomentations or poultices to infected fingers, instead of wrapping them up in a dirty beet leaf plucked from the garden, which

was at one time the recognized procedure.

The girls and young women are more interested in their own homes and in the health problems and social service work of the community. One first aid group put on a concert and raised funds to supply their own school district with a first aid kit and a stretcher. In another town a group of Canadian girls in training makes a layette every year for the use of the public health nurse in her social service work.

I have merely touched on the main points of the work, leaving the details to be filled in by means of a little sketch which will be enacted on the stage here by five girls from a grade eight class. This was prepared under the direction of a public health nurse as part of a programme given for their parents and friends on the occasion of the presentation of the Little Mothers' League Diplomas.

### *Chairman's Report—Public Health Section*

By ELIZABETH L. SMELLIE

In 1926 Miss Emory gave a very comprehensive and informative report at the section meeting, on "Tendencies in Public Health Nursing, Present and Future". This was considered under five headings and it seemed to me it might be well, in view of increasing developments and more general appreciation of the value of the public health nurse to the community she serves, to enlarge on some of these from the angle of the field worker in public health work throughout Canada. The five tendencies referred to are:

(1) The emphasis placed on refinement of method: the weighing of values.

(2) The attention given to the health of the normal of all age groups.

(3) The effort made to obtain further co-operation of individuals and groups in the community.

(4) The increased recognition of the need for special training.

(5) The broadening of professional relationships.

First, as regards the weighing of values and the more careful analysis of a day's work: the work itself having increased, the demand for nurses naturally follows suit. In every part of Canada the demand for well-qualified public health nurses far exceeds the supply. What then is to be done as regards placement? Where are nurses most needed? Where do they want to go? How can they be most evenly distributed under existing circumstances? How can the supply available be increased?

Again supervision is admittedly necessary. Nurses themselves are asking for it more frequently. Just how frequent need it be? There is marked change in the character of it. On the part of supervisors themselves there is realization of the necessity of maintaining proper balance, of noting the general content of a visit and its teaching value rather than the rigid observance alone of minute detail of technique. In a conference on supervision last year in Geneva, Miss Pierce of England said "Standardization is to our work what the backbone is to the individual. It provides a support on which may rest all other parts of the whole. There should be standards. Their adaptation depends upon the intelligence and the spiritual development of the individual exponent. That is why supervision continues to be a vital need."

Later Miss Hodgman told us that the best type of supervision results in improved quality of work, improved morale of workers, developing standards and ideals in the work, and close co-operation between administration and those most closely connected with the work for the development of best policies. She added this word of caution: It must not be forgotten, however, that there is necessity for provision for continued educational growth of the supervisor herself.

The more general awakening as to the importance of outside contact and of the need of stimulus both to brush up and to spur to renewed effort on the part of the nurse herself.

Closer relationship between administration and field worker as both come to realize it is a partnership. Nursing is becoming more recognized as a community enterprise. There has been increase of interest and participation on the part of the lay worker, based on a better understanding of nursing and its needs, which is bound to result in more efficient board and committee members in public health organizations. This closer contact has contributed also to the welfare and interest of the work because of broadening the influence of the nurse. Such development, while bringing greater responsibility, means a more intimate knowledge of the community health needs and its resources, and increasing satisfaction to the nurse herself because her place is more definitely established, and her field of usefulness extended. More general adoption of adequate record forms and better evaluation of the use of time.

Second, the attention given to the normal of all age groups: Possibly progress in public health nursing has not been so notable along these lines, although in discussion with a Provincial Health Officer, within the last week or two, he commented on the much better attitude of fellow professional workers and the public generally because of the better understanding of the work undertaken in the spread of health education.

Dr. Weisbach told us last year in Geneva of a post-graduate year of training the Academy of Hygiene proposed to carry on in conjunction with the German Nurses Association, for those nurses who wished to prepare themselves for posts as principals or matrons for schools of nursing. He said in part: "The Academy of Hygiene hopes that these courses will promote the understanding of the close connection between nursing and public health work. Up to now one of the drawbacks has been that nurses have had only the chance to study persons when they are sick. They lack opportunity of becoming familiar with the average state of health of the large mass of the population, of observing the manifold graduations from sturdy health to impaired equilibrium of health, and thus of being able to arrive by comparison at conclusions with regard to improvement or deterioration in the physical or mental state of those entrusted to their care. The time devoted to public health welfare and the observation of and caring for healthy people should also have a beneficial influence psychologically on nurses in general. To sum up, one may say that to students of nursing, the science of the healthy body should be the foundation of their understanding of the condition of the diseased body, and that the object of the tuition in all subjects should be to give knowledge first of the normal and then of the abnormal." Does it not seem possible that once it is more generally the case that the instruction of student nurses is further developed along these lines there will be greater appreciation of the value of educational and preventive work.

Third, the effort made to obtain further co-operation of individuals and groups in the community: With regard to this tendency one would feel there has been quite remarkable development. The tie has been strengthened with women's organizations. Also, with regard to the Canadian and Provincial Medical Associations there has been decided progress. Two years ago at the Public Health Section, Dr. Cameron, of Peterborough, attended our meeting and entered into discussion. Since that time there have been further developments about which you will hear more in other sessions of this gathering. Again, public health nurses are taking their part in the meeting and in the programme of the Canadian Public Health Association annual meeting to be held here in Winnipeg in the autumn. Our programme throughout this present meeting is further illustration of this development.

Fourth, increased recognition of the need for special training on the part of those employing public health nurses, more noticeable possibly than is indicated by increase in number of suitable applicants to Universities. There are not as many candidates for public health training as one would like to see. Two rather opposing points of view could be quoted here: one, that there are not sufficient inducements for promotion to tempt nurses to take up public health work. Another is, why should nurses need to be urged or offered financial inducement to take up public health work. Is the reason economic, academic or ignorance as to the value of such preparation? Undoubtedly the demand for the services of the trained woman are increasing all the time. In fact, well-informed official bodies and lay groups are frequently demanding their nurse shall have such qualifications. On the whole, too much is expected of them. When the nurse concerned has had post-graduate training and does not come up to expectations, naturally the whole group is criticized. Neither does the one type of nurse fit in to every type of public health work. In requesting the services of a nurse, greater emphasis is frequently placed on her personality and ability to get along with people rather than on her efficiency as a nurse or her preparation. Educational and cultural background, and previous experience too, are emphasized as important. It is well to face all this because the relationships in public health are so varied and so much is expected of the individual nurse that careful selection is necessary in the beginning, otherwise it is no wonder she sometimes finds she is a misfit, even although she may be well-qualified professionally. Then too, public health training will not instill the quality of leadership if it is not already there. This fact has been too little recognized. There is need of four or five different types of nurse to meet the demand for the various types of position. There is the potential supervisor of the larger district, the staff nurse, the one willing to do pioneer work—to endure



loneliness and hardship, the one in the smaller, less interesting centre where there is little stimulus socially or professionally. More and more there will be need, too, for the specialist supervisor on the larger city staffs. Where are we going to get them?

We have need now of more refresher courses because organizations at present compelled to employ nurses without full public health training feel that from time to time those who have been away for some time from university, or the newer ones coming along who have not had university post-graduate training should have some such opportunity.

Fifth, the broadening of professional relationships: One very valuable contribution has been the awarding of Fellowships by the Rockefeller Foundation, which has resulted in international exchange of nurses. Several of our Canadian group have thus been enabled to go to the United States to work and to study there, while at the same time nurses from other countries have come to Canada for the same purpose.

Early this year a number of representative nurses from University Departments and teaching hospitals were invited to New York to take part in a conference held there. In May, your Chairman was asked to attend a conference on Nursing Education, held at Teachers' College at the time of the inauguration of Dean Russell. A very comprehensive questionnaire was sent out in advance, the replies to which furnished the basis of dis-

cussion. There were several sessions, and the group assembled was small enough that there were fine opportunities for meeting individual members in between and of discussing problems of mutual interest. It was interesting, on this occasion, to meet Miss Nina D. Gage, President International Council of Nurses; Miss Evelyn Walker, and a number of others, who are interested in and hoping to come to the International Congress in Montreal next year. Canadian nurses were also invited to send representatives to the American Nurses Association meeting in Louisville, in June. For ten years in succession Canadian nurses have attended the course at Bedford College, England, given under the auspices of the International Red Cross Societies.

The relationships of the past two years of the different Sections of the Canadian Nurses Association have been most kindly and co-operative. This past year has been a difficult one, but because every one realized that, possibly we have been drawn even closer together. We have now, too, the common bond of having assumed the responsibility of the International Congress coming to Montreal next year. This will be a rare opportunity of gaining professional assistance and of developing friendly feeling through personal contact with nursing representatives from all over the world. Let each of us do everything we can to make the Congress in Montreal an outstanding success and a credit to Canada.

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### *Summary of Provincial Reports*

**ALBERTA:** Membership 44. It has been decided to start a provincial library for nurses to be, for the present, in the office of the Registrar, Parliament Buildings, Edmonton. The sum of \$75.00 has been obtained for books.

**Public Health Activities:** Eight nurses are engaged in providing nursing service in isolated districts. The last district to be opened is 100 miles north and west of Peace River.

The travelling clinic, a provincial undertaking, perhaps unique in Canada, continues to provide medical and dental aid in many districts. The demand for this service is constantly increasing. Last year only one-third of the districts organized could be visited.

**Red Cross:** In Alberta two outposts are maintained. Home Nursing Courses number 109, with an enrollment of 1,683 pupils. The weekly radio talks which are a feature of the work are greatly appreciated. The Junior Red Cross is a very active organization in the province.

Last autumn the province suffered a severe epidemic of poliomyelitis, possibly over 300 children being affected, many being left with a considerable degree of paralysis, which will require prolonged care. For this reason the Provincial Government decided to establish a hospital in Edmonton fully equipped and staffed by specialists for

the after treatment of poliomyelitis, treatment being provided at cost. Possibly this undertaking on the part of the Department of Public Health is unique in Canada.

**BRITISH COLUMBIA:** Eighty nurses are engaged in public health work in the province. During the winter months get-together-suppers were held in Vancouver, with an average attendance of forty. A Public Health Nursing Exhibit of the work in the province has been prepared. The formation of a Reference Library for public health nurses was discussed, but the question was left over for further consideration at the next meeting.

**MANITOBA:** Eight meetings of the section have been held since 1926. Members have been successful in collecting the nucleus of a library for nurses, at present housed in the office of the Registrar of the Manitoba Association of Graduate Nurses.

**NEW BRUNSWICK:** At the present time twenty-nine full-time nurses are engaged in public health work in the province. Eighteen of these are members of the C.N.A. In spite of an active local "public health section" in Saint John during the season of 1926, interest seemed to lag. The nurses apparently preferred, since the number was so small, to give their time to the general meetings of the Local Chapter of the provincial association.

**NOVA SCOTIA:** Forty members. A library scheme is being considered and it is expected that a lending library for nurses will be established in the near future.

In July 1927 a very interesting refresher course was given, when Miss Jean E. Browne gave a series of lectures on "Health Education." A similar course was held in June, 1928, when Miss Mary Beard, of the Rockefeller Foundation, gave several lectures.

Within the past two years the Nova Scotia Tuberculosis Commission has made more advance than any other organization in the province. Two outstanding results of the campaign are, (1) the providing of nurses for tuberculosis work in different districts, covering the whole province; and (2) the recognition by the public of the pressing need for hospital extension for tuberculous patients.

The Provincial Government is broadcasting a series of health talks, and has appointed a provincial psychiatrist. A health car is attached to the farming train on its summer tour.

A summer camp was started in Sidney last year, and this year, in Halifax, the Kiwanis Club is building one.

Miss Maude Hall has been appointed to the Dalhousie Public Health Clinic by the Rockefeller Foundation. Some of her work will be with fourth year medical students, studying the effect of social conditions on physical and mental ills.

In the industrial nursing field the first public health nurse in this type of work was appointed recently by Moir's Ltd.

The closing of the Massachusetts-Halifax Health Commission, after eight years, is greatly regretted.

**ONTARIO:** Membership 226. In 1926 a questionnaire was sent out to hospitals regarding the opportunities for student nurses in Ontario to gain an insight into public health work. The results of this were forwarded to the Nursing Education Section. Significant developments since the last biennial meeting:

1. **Victorian Order:** An increase of 10 nurses in the last two years, six new districts opened up. Scholarships granted to eight nurses, and in 1927 three fellowships were awarded Victorian Order Nurses in Ontario to observe health activities in the United States.

2. **Provincial Health Department:** Seventeen nurses on the provincial staff mostly in Northern Ontario. Sixty-eight municipalities have some type of public health nursing, in most of which the Provincial Department exercises a measure of supervision.

3. **Red Cross:** During the last two years seven new outposts have been opened and ten nurses added to the staff. In 1927 a short refresher course was arranged in Toronto. This year the scholarship fund has been increased to provide two. One hundred and ninety Red Cross Home Nursing Courses

have been given during 1927 and 1928. In 1927 there were 1,587 Junior Red Cross branches. The training of Red Cross Housekeepers in Toronto has been amply justified, at present there are twenty-three housekeepers and seven students.

4. **Student Work:** Since the fall of 1927 junior hospital students spend one week with a hospital social service nurse, this in addition to the public health work of their senior year.

In 1926 a new course in public health nursing was started at Toronto University, the first eight months to be spent at the University, the following 26 months at the Toronto General Hospital School for Nurses, and the last ten months at the University. At the conclusion of the four years the student will receive the Diploma of the School for Nurses at the Toronto General Hospital and the Diploma of Public Health Nursing from Toronto University. During the past year there has been an enrollment of nine foreign students from the Rockefeller Foundation for the one year course.

5. **Mental Hygiene:** Last winter a course of lectures on "Mental Hygiene of Childhood" was attended by the majority of Public Health Nurses in Toronto. Parental training classes have been organized in Toronto in connection with one of the day nurseries. The Rockefeller Foundation granted two fellowships for mental hygiene study in the United States. A special short course in "Mental Hygiene of Young Children" is to given in June by the Department of Psychology of the University of Toronto to a group of nurses from the Toronto Department of Health.

**PRINCE EDWARD ISLAND:** No special report of new undertakings. There are four public health nurses in the province, two of whom are stationed in Charlottetown.

**QUEBEC:** 220 members. English and French nurses hold their meetings together with the programme in both languages.

**Public Health Activities:** Possibly the outstanding development in Public Health activities in the province since 1926 has been the increased responsibility and interest assumed by Civic and Provincial Governments.

Industrial nursing has received a great impetus through the establishment of a Division of Industrial Hygiene in the Department of Hygiene and Preventive Medicine at McGill University and also in the establishment at the Montreal General Hospital of an Industrial Clinic.

Psychiatric surveys are being made in the public schools of Montreal, both Catholic and protestant. It is hoped that the establishment of special classes for the mentally retarded will soon follow.

One year scholarships have been granted the Child Welfare Association of Montreal by the Laura Spellman Rockefeller Foundation for two of their nurses to study Parental Education and Child Development in the United States.



There are 71 Victorian Order Nurses in Quebec. Eight nurses took Victorian Order Scholarships in Public Health Nursing during the past two years.

The Junior Red Cross has a membership of 17,574 children. This development is for the most part outside the City of Montreal.

**SASKATCHEWAN:** Seventy nurses are employed in Public Health work in this province.

In May, 1927, a nursing service was organized in two rural districts under the joint control of the Victorian Order and the Department of Health. As well as bedside nursing, all types of educational work in public health are undertaken.

A nurse-teacher has been placed in charge of the work in health education in the new normal school in Moose Jaw.

In February and March, 1928, in co-operation with the Provincial Department of Health and the Red Cross Society, the Dental Association carried through a six weeks' intensive campaign in oral hygiene.

In 1928 legislation provided for the establishment of health units or districts where a generalized programme of public health work will be carried on.

On May 1st, 1928, the School Hygiene Branch of the Department of Education was transferred to the Department of Public Health. The nurses of this branch associated with those already in the Department of Public Health will comprise the new branch to be known as the Division of Public Health Nursing. The merging of the two branches, Child Welfare and School Hygiene, has been planned in an effort to unify the service and avoid duplication of effort. A plan of generalized public health work has been arranged with special districts allotted to each of the nurses now in the field, who will work from a headquarters located centrally in the district. During the summer months health conferences for pre-school children have been emphasized.

The three main objects of public health work are:

1. The prevention of disease.
2. The enhancement of health.
3. The cultivation of the complete being of man, in order that physically, mentally, and morally, there may be the highest self-development of a well-balanced nature.

If any of these three conceptions of our work is omitted a stunted and imperfect result necessarily follows; and surely every branch of public health work affecting the individual should be judged by its competence to assist in the realization of this triple ideal.—Sir Arthur Newsholme.

## *British College of Nurses*

At the second annual dinner of the British College of Nurses, held on July 10th, 1928, in London, England, the high commissioners and agents-general of the Dominions of the Empire were the guests of honour. Dr. Helen MacMurchy, Chief of the Division of Child Welfare for Canada, represented the Dominion in the absence of the Hon. Mr. Larkin, high commissioner. Other guests present came from all parts of the Empire. The toast of the evening, "Success to Imperial Standards of Health in Great Britain and the Dominions," was made in an admirable address by Miss Isabel Macdonald. When referring to nursing education, Miss Macdonald said in part: "In this connection I would raise one point in the hope that we shall have the sympathy of the representatives of the Dominions who are with us tonight. I would ask that they use their influence so that when posts calling for administrative ability and expert knowledge in nursing and public health are vacant these may be filled by people who are qualified for the work, and that nurses be not handicapped by having in direct authority over them, people who hold no nursing qualifications whatever. . . . I think the representatives of our great Dominions, here in London, must in many ways, of necessity, be rather like the nurses! They must be generous, large hearted, must be optimists and able to explain away many difficulties, and above all, they, like the nurses, stand ever at the open door of service. That is why we appeal to them to use their influence that whenever possible, those with expert knowledge and professional qualifications for nursing administration shall direct the nursing services and so enhance the practical value of them to the Empire."

## Department of Private Duty Nursing

### *Group Nursing*

By A. L. LOCKWOOD, M.D., C.M., F.A.C.S., Lockwood Clinic, Toronto

For some time past there has been an increasing endeavour on the part of industrial concerns, commercial houses, financial institutions, the mercantile trade, and indeed practically all pursuits of life, to give better service to the public at a lower cost. The members of the medical profession, who have had to deal with large numbers of patients, have realized that during these years the increased cost to patients of thorough examination, treatment and hospital care has so materially increased that all forms of quackery and allied healing methods in which snap diagnoses are made have therefore flourished.

The necessity of modern laboratory examinations, x-ray investigations and of obtaining the combined opinions of several consultants, including a competent dentist, is appreciated not only by the profession but by the public. Such examinations are absolutely essential and necessary for the accurate determination of the cause of disease. What the laity as yet does not appreciate is that while such examinations mean an additional initial expense, in reality they are ultimately an economy. Patients do not always realize that these numerous examinations, consultations, etc., are necessary for an accurate appreciation of the cause of their complaints, and that such examinations are done entirely and solely for their own personal benefit and not for pecuniary gain to medical men.

Many of these examinations require the admission of patients to hospital while the examination is

being undertaken. In addition there has been an ever-increasing demand on the part of the public for hospital attention during illness. This is especially true in midwifery. Women in almost every walk of life, regardless of their financial position, consider it necessary to go to a hospital for confinement. Drugs in common use, at least all of the synthetic preparations, are now relatively expensive. Various treatments, such as diathermy, Alpine lamp, ultraviolet rays, etc., which the profession consider necessary, create additional cost. It has become an expensive luxury to be sick, or even to make an effort to remain well.

This being the case, the profession is faced with the necessity of seriously considering methods and means of reducing the expense of examinations, treatments, hospitalization and nursing care. It behooves not only those of us in the medical profession, but also in the allied profession of nursing, to consider whereby the cost of being sick can be materially lowered. We all feel that the day of operations on the kitchen table and confinements in the home should belong to the past, but do we all as yet realize what a heavy financial burden is imposed on people in middle class circumstances when they find themselves in the unfortunate predicament of being obliged to remain in hospital even for a few days? The poor are well looked after. There are first class medical men on the staffs of hospitals examining, treating, operating and caring for them generally without any expense whatever to the poor. They have comfortable beds, nourishing food and good nursing attention by conscientious



tious young women in training. The wealthy class is able to occupy luxurious hospital suites and employ day and night nurses. Recently a friend of mine had his tonsils removed under a local anaesthesia. He had two nurses by day and night for four or five days. How positively ridiculous! and yet this is the trend of the times. The great middle class falls between. They are sensitive about entering public wards, and they cannot afford private wards with special nurses. Yet the majority of them try to keep up appearances though, in many instances, private rooms and special nurses are not essential to their recovery.

At the present time, if a patient enters even a semi-private room at a cost of \$3.50 per day and requires a day and night nurse, the minimum hospital expense is approximately \$16.00 per day. In addition there is the charge for the operating room, laboratory and medicines, and often further expense at home for a woman to assume the household duties, should it be the housewife who is ill. With the tremendous expense for the short stay in hospital that is required even for major operations, the unfortunate husband is either burdened with a debt that it takes him years to repay or he must use up the savings of years in a few days.

There has been an increasing tendency on the part of the public to demand private nursing service post-operatively for at least a few days. The majority of busy surgeons with large numbers of patients under their care have adopted the practice of requiring a special nurse for the day of the operation and the first night post-operatively, at least. In spite of the refinements of general anaesthetics, the large percentage of surgery that is done under local anaesthesia and the shortening of the time necessary for the various operative procedures, it is a wise precaution to have a private nurse in constant attendance during the first

twenty-four hours post-operatively.

The twelve-hour day for nurses has been adopted to such an extent that it is now most difficult to secure the twenty-four-hour services of a competent nurse. In many institutions an eight-hour day prevails. While these shorter hours are necessary in the interests of the nursing profession, they all lead to additional expense to the patient.

In the last few years it has become evident to members of the medical profession who have the hospital care of large numbers of patients that something must be done to reduce hospital expense, and the time is opportune for the nursing profession itself to seriously consider whereby patients may have adequate nursing attention at a minimum cost. There has been a feeling in certain United States institutions that it would be wise to establish a shorter course for a certain percentage of nurses. The present high standard that exists in recognized hospitals would not be required of girls entering for the shorter course. Two years would be the maximum training. These nurses would not receive the pay of the graduate and would be expected to assume a certain amount of household duty when nursing in the home. There was a time, not long past, when the public demanded that nurses on home nursing should help in the household routine upset by illness. In recent years, however, the laity, at least, has developed the attitude that quite apart from assuming any of these duties in many instances the presence of a nurse in the home has added to the household duties. Personally, it is a question in my mind whether or not a shorter course for nurses will serve the interests of the public best. We are, however, faced with the problem of supplying nursing attention at a reduced cost. In institutions it would seem that the logical solution of the problem is the so-called "Group Nursing." In the

construction of hospitals in certain centres in the past few years this has been in the mind of those responsible, and the wards have been planned to permit of this practice. There is no doubt that a thoroughly trained, competent and conscientious nurse can look after three patients satisfactorily after the first twenty-four hours of the patient's post-operative course, provided the beds are suitably arranged and the patients are running the ordinary post-operative course. For that reason a higher percentage of semi-private rooms is being planned in modern hospitals. Also moderately priced private rooms closely joined on a main corridor make it possible for this type of group nursing. Experience has shown that with the right type of nurse the attention is often more thorough, because, where it is necessary to work under greater pressure and tension, efficiency is developed. The old adage, "Necessity is the mother of invention," suggests a new one: "Work under pressure is the mother of accomplishment." The nurses themselves develop greater acumen and foresight and are directly benefitted by the increased effort necessary. Also they benefit financially because, when the expense is divided among three patients, each can afford to pay a little more; for example, instead of the nurse receiving \$5.00 a day, she may receive \$6.00 a day for her day duty and \$7.00 for her night duty.\* There are certain types of patients who might be described as "fussers," who are better without constant nursing attention. This is particularly true of male patients. Probably most male patients are better content with just sufficient nursing attention without the constant presence of a nurse at the bedside. It is well recognized that in a definite percentage of instances the patient is bored by the constant presence of the nurse, and the nurse is certainly frequently bored by the constant presence of

herself in the patient's room. Group nursing would contribute to the advantage of both the patient and the nurse, the latter being satisfied because he realizes that the nurse has at least two other patients besides himself to whom she must attend.

It would seem that group nursing will soon be demanded by the medical profession, and it would be better for the members of the nursing profession to develop the system themselves. It will not materially reduce the opportunity for service, because when the medical profession and patients realize that after the first or second day they can come under this group system a higher percentage will be glad to employ a private nurse for more than the first day or two, realizing that the ultimate expense for the duration of the stay in hospital will be materially lessened. There is no doubt that unless group nursing is adopted by the nursing profession, a higher percentage of practical nurses will, of necessity, be employed. The surest means of maintaining the high standard of training which at present prevails in most hospitals in this country can only be maintained by some such method. It may appear to a portion of the nursing fraternity that they are greatly increasing their own burdens and responsibilities for a slight increase in fee, but this is more than offset by the increased mental effort and foresight that is developed in caring for two or three patients at one time. I, personally, am satisfied that the nurses who have been doing group nursing become more skilful and proficient than those who confine themselves to private duty solely. Experience has shown, in addition, that those who have had experience in group nursing are better satisfied with their work than those who continue to do private nursing only.

One of the best means whereby the medical and nursing professions may maintain the standard of their pro-



fession and help to offset all the various cults that have developed for the care of the sick is by reducing

the cost of attention to patients. Group nursing will materially contribute to this end.

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## *Group Nursing from Standpoint of the Nurse*

By THERESA O'ROURKE, Winnipeg

Group nursing is today a much discussed topic in the nursing world, but are we giving it proper consideration and are we weighing it from different angles with a fair attitude towards all concerned?

In preparation of a paper on this subject I set out collecting all available literature on the same: for group nursing has not reached even its infancy here in Manitoba. I also approached many private duty nurses regarding this topic. The majority immediately answered, "I do not like the idea. Why should we be nursing more than one patient when nurses are available for special duty?"

Surely this is an opportune moment for us to concentrate on group nursing and learn its advantages and disadvantages. By reviewing literature in nursing magazines it is learned that the initial idea was to shorten the hours of the private duty nurse. This plan of nursing is said to be very satisfactorily carried on at St. Mary Mercy Hospital, Gary, Indiana. The foremost thought in introducing it was to shorten hours for the private duty nurse doing hospital work. Miss Alice Hopland, R.N., of St. Luke's Hospital, Duluth, Minnesota, presented a paper on this subject at the American Hospital Association's twenty-ninth annual convention, held in Minneapolis in October, 1927. Her impressions, speaking from experience, were summed up as follows: 1, It is more interesting; 2, it is educational; 3, regularity and steady employment; 4,

time off duty; 5, nurses become more attached to hospital; 6, employed and paid by hospital; and 7, appreciation of patients.

Interesting work plays a big part in the happiness of an individual. There are undoubtedly many times when the care of one patient becomes monotonous. By this I do not mean that we find nursing monotonous. If there is a nurse who has that attitude towards nursing she should immediately drop out of the ranks of the profession. What I do mean is during the convalescent stage many patients become so dependent on the private nurse doing all for them: you might say we even think for them, as we are trained to anticipate the requirements of those under our care to the extent that they should not find it necessary to request anything. This in many cases is the reason we are kept on duty during the convalescent period with only general care necessary and when we have many idle hours in the day or night. We must be within reach of the patient should he or she give the signal, but how often many of us have thought during such times that we could be really doing something worth while for some seriously ill patient? Yet we all have had the experience of cases where we never had the opportunity to relax and where we went off duty tired to the extent of getting home as quickly as possible and no time for any diversion: our only resource to retire and rest.

In group nursing the time off duty each day would mean so much: the two hours' rest is attractive to all of us doing private duty. How refresh-

ed we would be when we return to the ward! Some one has said we are more efficient under pressure.

We are a group who are administering to people during the saddest hours or days of their lives. We also have many joyous hours with them, but at all times we have the responsibility of lives. Undoubtedly every nurse is anxious to find a solution whereby every person in the community could know that, regardless of their wealth, there is a way of having the extra aid during illness should the condition of patient warrant the extra attention. Is this the idea behind this newly talked of branch?

I cannot speak of group nursing from experience, but I was fortunate enough during the past month to have two patients: thyroidectomy cases in a semi-private ward. They were for the same surgeon, operated on the same morning, and my three nights with them were not any more difficult than taking care of one similar case. Each understood that the other was sharing in the case. Another experience I shared a short time ago was the following: I was on a special case (appendectomy), in a semi-private ward, night duty, with the patient in splendid condition. A similar case was admitted the second day following my patient's operation. At ten o'clock at night patient No. 2 decided to ask for special nurse. The nurse reported on duty at 11 p.m. My patient had just got to sleep. Nurse No. 2 gave general care to her patient; my patient wakened wondering if the other patient was more ill. About 1 o'clock the patients went to sleep. Both nurses had nothing more to do till morning, then only general care. Nurse No. 2 was on duty one night

only. Surely this was a case for group nursing and both patients would have had equally as much attention.

Should group nursing, as suggested, be accepted, we need to know that the public being admitted to hospital would be fully enlightened as to the working idea of group nursing, and I think should be advised to arrange for such nursing service if the doctor considers the patient would benefit by this care. Would this be a way of encouragement for more patients to have the extra care, and in this way give more work to compare favourably with the number employed under the present system? Are the hospitals prepared to group the patients for the convenience of such attention? Will the doctors be ready to explain and advise patients as to the advantages for the patient's welfare, financially and physically?

We are teachers of health and also of preventative illness: would this system be overtaxing the nurse in regard to her own physical strength?

Underground rumblings of disapproval and discontent are being heard re this topic, also the voice of others who admit that unknown branches of our profession will before long come to be recognized as a part of the economic system of living. Again we hear from others, who desire to become actively engaged in this branch, viz.: group nursing, in order not to waste golden hours in which important work may be accomplished.

The private duty section of nurses should be deeply interested in this topic and I trust will discuss and study this subject from angles most beneficial to nurse, patient, hospital and the medical profession.

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It is because science is sure of nothing that it is always advancing.—  
Duclaux.



## *The Maritime Conference of the Catholic Hospital Association*

The fifth Maritime conference of the Catholic Hospital Association, which was held at Charlottetown on June 20th, 21st and 22nd, 1928, was decidedly a success. Reverend Mother Audet, Hotel Dieu of St. Joseph, Campbellton, president of the Association, directed the activities of the convention, which was marked by a great deal of zeal and enthusiasm. The keynote of the proceedings was Nursing Education in the Maritimes. Conveners were present from the Hotel Dieu Hospitals of Chatham, Campbellton, Moncton, St. Basil's and Tracadie; St. John's Infirmary, City Hospital, Charlottetown; St. Martha's Hospital, Antigonish; St. Joseph's Hospital, Glace Bay; Ross Memorial Hospital, Sydney, and St. Mary's Hospital, Inverness. Subjects presented and discussed were: "Hospital Mentality," "Hospital Hospitality," "Hospital Conferences," which was followed by a demonstration in which the Hotel Dieu Sisters from the various hospitals of New Brunswick took part; "Liquid Diet," followed by a demonstration and very interesting discussion; "Pharmacy Work in our Hospitals," "Nurses' Sodalties," "Miscellaneous Problems."

In his address on Nursing Education the Rev. P. J. Mahan, S.J. (of Chicago), dwelt particularly on "the requirements for the grading of schools of nursing and how the small hospitals may meet such requirements." A round table discussion on "The Faculty of the School of Nursing in Small Hospitals" was opened by the Rev. P. J. Mahan, who also acted as chairman at other round table discussions. Sister M. Camillus gave an interesting report of Nursing Education in New Brunswick, and Sister Jovita gave a demonstration on "Lesson Planning and Teaching in Schools of Nursing." The address by Dr. Helen MacMurchy on "Child Welfare in the Department of Public Health," and that by Dr. Harvey Agnew (secretary, Hospital Service Bureau, Canadian Medical Association), entitled "A New Development in Canadian Hospital Life," were particularly instructive and of great practical value to hospital workers in general.

Sister M. Camillus (St. John Infirmary, St. John, N.B.) was elected president for the ensuing year.

## *Book Reviews*

**Orthopedic Surgery for Nurses:** By Philip Lewin, M.D., Assistant Professor of Orthopedic Surgery, North Western University. W. B. Saunders Company; Canadian Agents, McAinsh & Co., Limited, Toronto. Price, \$3.25.

From the nurse's view-point, this book presents the care of the cripple in a manner interesting and comprehensive to the student, as well as to the graduate nurse.

The first few chapters deal with the orthopaedic department, consisting of the plaster room, its equipment, the preparation and application of plaster of paris, the splint room, and the operating room equipment with technique carefully described.

The chapters on infantile paralysis, scoliosis, tuberculosis of bones and joints, and congenital deformities, are especially interesting, and make one realize the importance of proper nursing in orthopaedic surgery.

Unusual orthopaedic conditions are also briefly discussed.

The 340 illustrations are most instructive, and describe, clearly, orthopaedic conditions, apparatus and treatment.

This book will be a great value to all those interested in the care of the cripple.  
KATE McLEARN.

### **Books Received**

**Nurses, Patients and Pocketbooks: A Report of a Study of the Economics of Nursing Conducted by the Committee on the Grading of Nursing Schools:** By May Ayres Burgess, director. Published by the Committee on the Grading of Nursing Schools, 307 Seventh Avenue, New York City. Price \$2.00.

**Bacteriology for Nurses, 3rd Edition:** By Mary Elizabeth Morse, A.B., M.D., and Martin Frobisher, Jr., S.B., Sc.D. Published by W. B. Saunders Company; Canadian Agents, McAinsh & Co., Limited, Toronto. Price, \$2.25.

**Applied Chemistry for Nurses, 2nd edition:** By Joseph L. Rosenholtz, Ph.D.; 220 pages, illustrated. Published by W. B. Saunders Company; Canadian Agents, McAinsh & Co., Limited, Toronto. Price, \$2.00.

**Nutrition in Health and Disease for Nurses:** By Lenna F. Cooper, B.S., M.A., M.H.E.; Edith B. Barber, B.S., M.S.; Helen S. Mitchell, B.A., Ph.D. Illustrated. Published by J. B. Lippincott Company, London and Philadelphia.

## News Notes

Owing to this issue containing papers, reports, etc., of the Biennial Meeting, Canadian Nurses Association, it has been found necessary to limit this Section to official and general news notes.—Ed.

### NEW BRUNSWICK

ST. JOHN: Miss Jessie Andrews has resigned from the nursing staff of the General Public Hospital. Miss Vella Hoyt has joined that staff.

Friends of Miss Georgia Story will be glad to learn that she is convalescing from her recent illness.

Much sympathy is extended to Mr. and Mrs. Denyer (Dorothy Till, G.H.P., 1925) in the death of their son.

### NOVA SCOTIA

The second annual Refresher Course for Graduate Nurses, given under the auspices of Dalhousie University, was held from June twenty-fifth to twenty-ninth inclusive.

The nursing group and the university were particularly favoured in having Miss Mary Beard of the Rockefeller Foundation give several lectures. Miss Beard was in Halifax officially for other reasons but very graciously, though unofficially, gave of her energy, time and inspiration to the course. Two lectures were given to the nurses alone, another at an evening session at which a number of doctors and interested laymen were the guests of the nurses, and the fourth to a group of about one hundred pupil nurses of local hospitals.

Miss Beard, in a most inspiring manner, unfolded the great possibilities and the fascination of real nursing in its many branches, showed the challenge thus presented to each member of the profession, and led up to the general discussion on nursing education. Frequent reference was made to the recent and most interesting report of a study of the economics of nursing conducted by the Committee on the Grading of Nursing Schools, and published under the title "Nurses, Patients and Pocketbooks," by May Ayres Burgess, the Director of the Study.

The programme was planned to provide variety, not only that it might appeal to nurses engaged in varying types of nursing but also that each particular group might keep in touch with the work of sister groups within the profession. Members of the Medical Faculty of Dalhousie University, nurses and others, very willingly contributed through lectures, demonstrations, round tables, etc.

One hundred and one nurses registered for this course, including a number of nuns, and good representation from New Brunswick and Prince Edward Island as well as various sections of the Province of Nova Scotia.

Impressive ceremony marked the graduation exercises of the Aberdeen Hospital, New Glasgow, N.S., held in the Oddfellows' Hall,

on June 14th, 1928, when six nurses received diplomas. Miss Mary C. Hanchuck (Sydney), with the highest average, won the gold medal donated by Mrs. J. H. and D. C. Sinclair in memory of the late J. H. Sinclair. Matron Margaret C. Macdonald, R.R.C., addressed the nurses and presented the diplomas.

Miss Claudia Fleming, superintendent of nurses of the Nova Scotia Hospital, attended the biennial meeting of the Canadian Nurses Association as delegate of the Registered Nurses Association of Nova Scotia.

Misses Mary J. Hayden and Catherine M. Graham are in charge of Rainbow Haven this season: Miss Hayden for part of June and July and Miss Graham from July to the end of the season, and Mrs. Karl Scheaffer, camp nurse of the C.G.I.T., is camp mother at Pinehurst this year.

### ONTARIO

Paid-up subscriptions to "The Canadian Nurse" for Ontario in August, 1928, were 1,138, 28 less than previous month.

#### APPOINTMENTS

Misses Amy Newton, Ila Drooman and Dorothy Milne (Toronto General Hospital, 1928), to the staff of the T.G.H.

Miss J. Loughheed (Women's College Hospital, Toronto, 1927) to the staff of the Red Cross Hospital, Wilberforce. Miss Loughheed completed the course in Public Health Nursing, University of Toronto, 1928.

Miss Laura Blaney (Women's College Hospital, Toronto, 1926) as night supervisor, General Hospital, Cochrane, Ont.

Miss G. Hodgson (Women's College Hospital, Toronto, 1924) to the staff, Red Cross Hospital, Richard's Landing, St. Joseph's Island.

Miss Reta Sutcliffe (Hospital for Sick Children, Toronto), assistant superintendent of nurses, Alexandra Hospital, Montreal.

Misses Mary Acland and Lilian Morton (Hospital for Sick Children, Toronto, and School for Graduate Nurses, McGill University), to the staff, H.S.C.

VICTORIAN ORDER OF NURSES: Miss Mary E. Ross (Hamilton General Hospital) to the staff at Hamilton; Miss Alice Hunt (Hamilton General Hospital) to Huntsville, replacing Miss Jessie Lower, who has been transferred to Toronto; Miss Grace Versey (Western University, 1928), to the staff at London; Miss Jean McEwen (University of Toronto, 1928), returned to the staff at Ottawa; Miss Lily Gray (M.G.H.) has been appointed in charge of Winnipeg district, to succeed Miss M. B. Peterson, who resigned to be married; Miss Dorothy Fowler (Columbia University), to the staff at Halifax.



## DISTRICT 5

**GENERAL HOSPITAL, TORONTO:** During the biennial meeting, Canadian Nurses Association, a delightful tea was arranged by Miss Gunn at The Fort Garry, Winnipeg, for the Toronto General Hospital School for Nurses' graduates. Those present were: Misses Beatrice Ellis (1907), superintendent of nurses, Toronto Western Hospital; S. Agnes Campbell (1912), superintendent of nurses, City Hospital, Saskatoon; Emma Hamilton (1904), private duty nurse, Toronto; Ethel S. Fenwick (1918), superintendent of nurses, University of Alberta Hospital, Edmonton; Margaret Dulmage (1918), second assistant superintendent of nurses, Toronto General Hospital; Jessie M. Chinneck (1915), school nurse, Edmonton; Alice Olds (1915), assistant superintendent of nurses, Children's Hospital, Winnipeg; Edna L. Moore (1913), field worker, Canadian Anti-Tuberculosis Association; S. Isabel Stewart (1910), supervisor, Red Cross Nursing, Saskatchewan; May Ewart (1910), head school nurse, Point Grey, Vancouver; Dorothy M. Hopkins (1925), public health nurse, Province of Saskatchewan; and Mrs. Effie M. Feeny (1907), public health nurse, Province of Saskatchewan.

**WOMEN'S COLLEGE HOSPITAL, TORONTO:** Miss M. Stevens (1924), has successfully completed the course in public health nursing, School for Graduate Nurses, McGill University.

Miss Myrtle Scott (1924) returned to Nakina Red Cross Hospital after holidaying in New York and Toronto. Miss Scott is very happy in her Red Cross work in Nakina, and will be assisted this year by Miss G. Edwards (1928).

Miss G. Ament (1919), who spent the past year on furlough, sailed early in July for England en route to India to resume her hospital duties.

## DISTRICT 8

**OTTAWA:** At the annual meeting of the Lady Stanley Institute Alumnae, the officers for the past year were re-elected for 1928-29. Reports of the year's work were made by the president and secretary. Miss Ebbs gave an interesting report of the annual meeting of the Provincial Association.

Miss Mary Turner (Ottawa Civic Hospital, 1928) will attend the course for Instructors and Teachers of Training Schools, School for Graduate Nurses, McGill University, 1928-29.

## DISTRICT 10

The June meeting of District 10, R.N.A.O., was held in McKellar Hospital Nurses' Home, Fort William. Twenty-eight members present. Miss Sara McDougall, Port Arthur, who was district representative to the annual meeting, R.N.A.O., gave a report of proceedings, and Dr. J. S. Strachan gave an interesting, instructive address on The Care of the Teeth.

Miss Mae Hetherington, Fort William, represented the district organization at the biennial meeting, Canadian Nurses Association.

**GENERAL HOSPITAL, PORT ARTHUR:** The graduation exercises were held on June 2nd,

when six nurses were presented with diplomas and pins. Medals and prizes were awarded to: Miss Laura Young, gold medal for general proficiency and first prize in obstetrics; Miss Allen, second prize in obstetrics; Miss Heron, first prize in surgery; Miss Simpson, first prize in medical nursing. Baskets containing double clinical thermometers and a Hand-Book for Nurses, donated by the staff, were presented to each graduate, who also received \$10 in gold from the board of governors. Members of the Ladies' Aid were hostesses at a private dance for the graduates and friends following the exercises.

**ST. JOSEPH'S HOSPITAL, PORT ARTHUR:** Graduation exercises were held on June 20th, when ten nurses received their diplomas. Medals and prizes were awarded to: Miss Margaret Flanagan, gold medal for general proficiency and prizes in surgical and pediatric nursing; Miss Josephine Green, gold medal for conduct and loyalty; Miss Marie Duret, prize in obstetrical nursing; Miss Margaret Culleton, prize in medical nursing; Miss Reda Sauriol, prize in materia medica; Miss Edith Oby, prize for highest standing in charting and printing. At the close of the ceremony dancing was enjoyed by the graduates and their friends.

**McKELLAR HOSPITAL, FORT WILLIAM:** Graduation exercises were held on June 6th, when fourteen nurses received their diplomas and medals. Medals and prizes were awarded to: Miss Martha Racey, gold medal for general proficiency; Miss Juno M. Magnusson and Miss Ethel Wright, silver medals for general proficiency; Miss Evelyn McTavish, prize for highest in theory; Miss McLeod, prize for charting. The valedictory address was given by Miss Ethel Wright. The following evening the Hospital Board, assisted by the Ladies' Aid, entertained the Class and their friends to a dance.

## QUEBEC

**ROYAL VICTORIA HOSPITAL, MONTREAL:** Miss Eleanor McKean (1923), has returned from Bermuda, and is in charge of ward "L." Other appointments recently made to the staff are: Miss Mary McNichol (1928), assistant, Floor 4, Ross Pavilion; Miss Margaret Dixon (1928), to ward "B;" Miss Henrietta Adams (1928), the Hydrotherapy department; Miss Jean Trenholme (1927), ward "K." Miss Edith McRea (1927), has accepted a position at the Health Centre, Canadian National Railways, Montreal.

The Misses Katherine Hill, Eileen Flanagan, Elizabeth Cowdry and Kathleen Covert are attending the school for Graduate Nurses, McGill University, 1928-29.

## SASKATCHEWAN

**INDIAN HEAD:** Miss Jean M. Campbell, who has been superintendent of Indian Head Union Hospital for five-and-a-half years, resigned her position there on June 15th. Prior to her departure Miss Campbell was presented with an address, and silver compact case and handbag by the board of directors of the hospital. Miss Campbell is leaving shortly for Chicago, where she will take a post graduate course.

## BIRTHS, MARRIAGES AND DEATHS

## BIRTHS

- BUCK—At Calgary, Alta., July 21st, 1928, to Dr. and Mrs. Chas. Buck (Phyllis MacGregor, Calgary General Hospital, 1925), a daughter.
- ELLIOTT—On July 24th, 1928, to Mr. and Mrs. Elliott (Ethel Bartlett, Toronto General Hospital, 1926), a son.
- GRANT—On July 15th, 1928, to Mr. and Mrs. George Grant (Anna Foote, Hospital for Sick Children, Toronto, 1925), a son.
- GROH—In May, 1928, at Walkerton, Ont., to Mr. and Mrs. Groh (Nora Weber, Women's College Hospital, 1926), a daughter.
- HOTH—At Hamilton, July 1st, 1928, to Mr. and Mrs. Martin W. Hoth, Port Sydney, Ont. (Mildred Robinson, Hamilton General Hospital, 1918), a daughter (Antoinette Irene).
- HUGGINS—On July 31st, 1928, at Toronto, to Mr. and Mrs. Huggins (Grace Coles, Toronto General Hospital, 1921), a daughter.
- MEPHAM—On June 10th, 1928, at Leger des Heils, Pelantoengan, Soekoredjo-Kendal, Java, to Mr. and Mrs. W. J. Mephram (L. E. Cummins, Royal Jubilee Hospital, Victoria, B.C.), a son (John Wilbur).
- MILNE—At Calgary, Alta., July 13th, 1928, to Dr. and Mrs. Milne (Esther Douglas, Calgary General Hospital, 1926), a daughter (Laura Jean).
- SALTER—On July 7th, 1928, to Mr. and Mrs. Wm. M. Salter (Irene M. Allward, Toronto General Hospital, 1921), a daughter (Isabel Marie).
- STRIPP—On July 24th, 1928, to Mr. and Mrs. Stripp (Pearl Brown, Toronto General Hospital, 1921), a daughter.

## MARRIAGES

- BUTCHER—MOULD—On June 7th, 1928, at Anaheim, Calif., Florence B. Mould (Hamilton General Hospital, 1914) to Glenn Butcher.
- CRAWFORD—PICKARD—On July 25th, 1928, at Westville, N.S., Mary Pickard, (Royal Victoria Hospital, 1922) to Archibald Crawford. At home—Beirut, Syria.

GRAY—ANDERSON—On August 2nd, 1928, at Toronto, Mary Anderson (Toronto General Hospital, 1926) to Dr. Harris Gray.

KENNEDY—SPLETT—On July 16th, 1928, at Winnipeg, Marjorie Ella Splett (Hospital for Sick Children, Toronto, 1925) to Dr. Hugh John Kennedy.

MACDONALD—DAWSON—On July 14th, 1928, at Toronto, Edith C. Dawson (Hospital for Sick Children, Toronto, 1923) to Dr. W. M. Macdonald, of Kitchener, Ont.

PACKHAM—JONES—On August 8th, 1928, at Toronto, Edith Graham Jones (Toronto General Hospital, 1926) to James McLeod Packham.

RAPLEY—JAMIESON—On July 28th, 1928, at Oshawa, Ont., Eunice Jamieson (Hospital for Sick Children, Toronto, 1925) to Blake Rapley, of Sarnia, Ont.

READ—ROSS—On July 2nd, 1928, at Edmonton, Alberta, Burns Ross (Royal Victoria Hospital, 1927) to Douglas Read. At home—Camas, Washington, U.S.A.

ROBERTSON—PRESCOTT—On June 20th, 1928, at Montreal, Mildred Jane Prescott (Royal Victoria Hospital, 1923) to Capt. Murray Robertson, M.C. At home—146 Aberdeen St., Quebec, P.Q.

SIMPSON—MURRAY—On June 27th, 1928, at Springhill, N.S., Isabel Conway Murray (Royal Victoria Hospital, 1926) to Frederick Lorimer Simpson.

SPOTTON—BENNETT—In June, 1928, at Toronto, Helen Bennett (Toronto General Hospital, 1926) to John Spotton, of Guelph, Ont.

TURNBULL—NIXON—On July 3rd, 1928, at North Battleford, Sask., Gwendolyn Berril Nixon (Royal Victoria Hospital, 1925) to George Ernest Turnbull.

## DEATHS

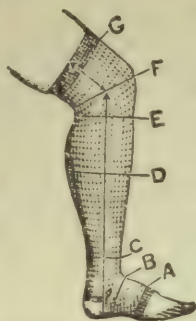
JARDINE—On June 24th, 1928, at Uxbridge, Ont., Mrs. M. Jardine (Hospital for Sick Children, Toronto, 1906), following an operation for thyroidectomy.

## THE CANADIAN PUBLIC HEALTH ASSOCIATION

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WINNIPEG, October 11th, 12th, 13th, 1928.



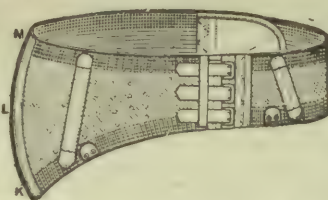


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The official organ of the Canadian Nurses Association, owners, editors and managers. Published monthly at the National Office, Canadian Nurses Association, 511 Boyd Building, Winnipeg, Man.

Editor and Business Manager: **JEAN S. WILSON, Reg.N.**

Subscriptions \$2.00 a year; single copies 20 cents. Combined annual subscription with The American Journal of Nursing \$4.75. All cheques or money orders to be made payable to The Canadian Nurse. Changes of address should reach the office by the 20th of each month. In sending in changes of address, both the new and old address should be given. News items should be received at the office by the 12th of each month. Advertising rates and data furnished on request. All correspondence to be addressed to 511 Boyd Building, Winnipeg, Man.

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# The Canadian Nurse

A Monthly Journal for the Nurses of Canada

Published by the Canadian Nurses Association

Vol. XXIV.

WINNIPEG, MAN., OCTOBER, 1928

No. 10

Registered at Ottawa, Canada, as second-class matter

Entered as second-class matter March 19th, 1905, at the Post Office, Buffalo, N.Y., under the Act of Congress, March 3rd, 1897

Editor and Business Manager:—

JEAN S. WILSON, Reg. N., 511 Boyd Building, Winnipeg, Man.

## OCTOBER, 1928

CONTENTS	PAGE
DEFICIENCY DISEASES OF CHILDREN - - - <i>Dr. Frederick F. Tisdall</i>	515
TREATMENT OF ANAEMIA, THE - - - - - <i>Dr. E. Mills</i>	518
THE NURSE AND HER OPPORTUNITIES - - - <i>Elizabeth L. Smellie</i>	520
NURSES AND THEIR ATTITUDE TOWARDS SEX - - - - <i>Leslie Bell</i>	524
BOOK REVIEW - - - - -	528
MONEY AND INVESTMENTS - - - - - <i>John Bain</i>	529
"THE IDEAL NURSE" - - - - -	531
LIQUID DIET - - - - - <i>Sister Mary Elizabeth</i>	532
HEALTH TEACHING IN SCHOOL FETES - - - - <i>Annie G. Dove</i>	534
DEPARTMENT OF NURSING EDUCATION:	
EVALUATION OF TYPES OF EXAMINATION QUESTIONS <i>(Frances L. Reed)</i> <i>(Olga V. Lilly)</i>	535
DEPARTMENT OF PRIVATE DUTY NURSING:	
POINTS ON THE TREATMENT OF IMPETIGO, RINGWORM AND SCABIES - - - - - <i>Dr. D. E. H. Cleveland</i>	541
DEPARTMENT OF PUBLIC HEALTH NURSING:	
TEACHING PUBLIC HEALTH TO GROUPS OF MOTHERS - <i>Flora F. Stewart</i>	546
NEWS NOTES - - - - -	551
BIRTHS, MARRIAGES AND DEATHS - - - - -	554
OFFICIAL DIRECTORY - - - - -	556

## \*Deficiency Diseases of Children

By FREDERICK F. TISDALL, M.B. (Tor.)

The name "deficiency disease" is usually applied to a group of diseases which are caused by a lack in the diet of some one of the various vitamins. In this respect the name is a misnomer. It would be just as rational to consider as deficiency diseases those diseases which are caused by a lack in the diet of any substance. We could quite rightly designate as deficiency diseases the anaemias which are due to a lack of iron or the abnormalities of the thyroid which result from a lack of iodine, yet these conditions are usually not considered under this heading. By common usage the name is reserved for those conditions which are intimately associated with a deficiency in the diet of any one of the various vitamins. To-day I wish to direct your attention to three of the so-called deficiency diseases which are most frequently encountered in infants and children, namely, rickets, tetany, and scurvy.

*Rickets.*—This is probably more frequently encountered than any other disease of infancy and, I may add, its presence is probably more frequently overlooked than any other condition. The disease occurs in both breast-fed and artificially-fed infants. It involves not only the osseous system but also other parts of the body, particularly the nervous and muscular systems. The earliest manifestations of the disease are restlessness, head sweating, and tossing of the head from side to side when asleep. Shortly after this the earliest bone changes may be found. Craniotabes or soft areas in the occipital and posterior part of the parietal bones may be felt if firm pressure is used. Beading of the ribs, or the so-called rachitic rosary, which is due to an enlargement of the junction

of the bony and cartilaginous portions of the ribs, may be quite readily felt. Later, the other bony changes appear; the enlargement of the epiphyses at the wrists and ankles, the prominent forehead, with enlargement of the frontal bosses, the enlargement of the parietal bosses, the flattening of the occipital region of the head, and a general softening of all the bones. The anterior fontanelle is larger than normal and this combined with the enlargement of the frontal and parietal bosses produces the so-called "hot cross bun" appearance of the head. The dentition is delayed. There is marked loss of tone of the muscles and ligaments. The infant does not sit up at the usual age of seven months or stand at the end of the first year. If the infant has been walking it may stop doing so. The abdomen becomes quite large. As a result of the softness of the bones, and the lack of tone of the muscles and ligaments, the well-known deformities of the chest, spine and extremities may appear.

Not in all infants do the nervous manifestations of the disease appear as prominently as those before mentioned; still they do occur with sufficient frequency to warrant the emphasis which has been placed on them. The most important changes produced in infants by rickets are not the before-mentioned conditions, but a general lack of resistance to infection. There is no doubt that this general lack of resistance caused by rickets is a very great factor in our infant mortality. The rachitic infants are usually anaemic. They develop head colds, otitis media, bronchitis and pneumonia more readily than the normal infant, and the outlook is not as favourable. This most important aspect of rickets deserves our careful consideration.

The age and seasonal incidence of rickets is quite definitely defined. The

(\*Lecture given to the A.A. Hospital for Sick Children, Toronto, March, 1928.)



disease may be recognized clinically as early as the second month. The period of greatest incidence, however, is from the third month to the end of the first year. It may be fairly prevalent in the first half of the second year, but after the second year it is quite unusual to encounter active rickets. In Ontario the disease occurs most frequently in the winter and spring months, from November to May.

The etiology, treatment, and prevention of rickets will be discussed with the next disease that I wish to present for your consideration, namely, tetany.

*Tetany.* — Infantile tetany is encountered fairly frequently at certain seasons of the year. Convulsions are the predominant symptom. In certain cases they may occur as often as thirty or forty times a day. The next symptom and one which is almost invariably overlooked is a peculiar inspiratory crow produced when the child cries, and caused by a spasm of the larynx. Some authors consider this laryngeal spasm as a separate disease, but it is only one of the symptoms of tetany. Chvostek's sign, which is a contraction of the facial muscles and is elicited by tapping the side of the cheek, is almost invariably present in infants with tetany. It is due to a hyperirritability of the facial muscles. This sign is of no significance in infants over two years of age. A characteristic position of the hand (carpopedal spasm) is present in a moderate percentage of cases. The before-mentioned five symptoms of tetany, namely, convulsions, laryngospasm, Chvostek's sign, carpopedal spasm, and Trousseau's sign, are all due to a hyperirritability of the neuro-muscular system.

The age incidence and seasonal incidence of tetany is singularly striking. Of the cases encountered at the Hospital for Sick Children during the past six years 80 per cent. of them occurred at the fifth, sixth, seventh, eighth and ninth months of age, and 85 per cent. occurred in the months of January to May inclusive; the highest incidence was in March and April. It is evident that the age and seasonal

incidence of the disease are indeed most striking.

The blood changes in rickets and tetany are quite definite. It has been shown at the various clinics here and in the States that in rickets the inorganic phosphorus of the blood is reduced, while in tetany it is the calcium of the blood that is reduced. When it is remembered that over 90 per cent. of the inorganic portion of bone is tertiary calcium phosphate, the reason for the defective formation of bone in rickets is at once evident. In the production of tetany the important factor is the ratio of the sedative to irritating salts in the body. There is in the normal infant a constant ratio between the irritating sodium and potassium salts and the sedative calcium and magnesium salts. In tetany this ratio is disturbed by a reduction of the sedative calcium salt. This results in a hyperirritability of the neuro-muscular system which accounts for all the symptoms of the disease.

The cause of rickets and tetany is intimately associated with a lack of the anti-rachitic vitamine (or anti-rachitic substance), whatever that may be. Why there is in one case a reduction of inorganic phosphorus in the blood, with the production of rickets, and in another a reduction of calcium with the resultant symptoms of tetany, we cannot say. We know, however, that when an adequate supply of this anti-rachitic substance is given, that rickets and tetany will not develop. The interesting discovery has been made in recent years that exposure of the infant to ultra-violet rays, which are present in the rays from a mercury vapour quartz lamp or in sunlight, produces the same effect on these inorganic elements in the blood as is produced by giving the anti-rachitic substance. Another observation of the greatest importance has been reported simultaneously in the past few months by Hess of New York and Steenbock of Wisconsin. These investigators showed that the exposure of food containing no anti-rachitic substance to ultra-violet rays resulted in the production or formation in the

food of the anti-rachitic substance. It is thus evident that they have actually manufactured one of the so-called vitamins.

The treatment of rickets consists in the administration of the anti-rachitic substance or exposure of the infant to direct sunlight. The anti-rachitic substance is present in large quantities in cod liver oil that has been suitably prepared. It is the pure oil that has to be given; emulsions are usually of little or no value. In many cases the anti-rachitic content of the average cod liver oil found on the druggist's shelf is very low. We have found in our experience at the Hospital for Sick Children that the best results are obtained by the use of a biologically tested Newfoundland cod liver oil. The dose is one half teaspoonful three times a day, beginning at one to two months of age and then a teaspoonful three times a day from three months of age on. This amount almost invariably prevents rickets; however, occasional cases are encountered in which it is necessary to increase the dose to get the desired result. As rickets is most prevalent in the winter months it is not possible to expose much more than the infant's face to the direct rays of the sun. There is also an added disadvantage that the ultra-violet ray content of the sun's rays during the winter period is very small. Consequently in the winter months dependence should be placed almost entirely on the administration of cod liver oil. In the spring and summer months the skin of the infant should be exposed to direct sunlight. It is to be remembered that glass and clothing cut off all the beneficial rays.

In regard to tetany, the convulsions must be treated. This can be accomplished by the administration of morphin 1/40 to 1/20 grain hypodermically, or the rectal administration of six to eight grains of chloral hydrate or eight to ten grains of sodium bromide. Fifteen to twenty-five cubic centimetres of a sterile 8 per cent. solution of magnesium sulphate injected subcutaneously is usually quite effective. As the convulsions are a result of the low calcium content of the blood,

calcium chloride should be given. The amount should be fifteen grains four or five times a day for the first two days, then the number of doses should be reduced to three a day. This should be continued for three weeks. The calcium chloride may be dissolved in a little water and placed in the feedings. Cod liver oil should be started and continued for a long period, and if possible the infant exposed to the direct rays of the sun.

*Scurvy.*—This occurs most frequently from eight to twelve months of age. Seventy-five per cent. of the cases encountered at the Hospital for Sick Children occurred during this period. It is very rarely seen over one-and-a-half years of age. This is of considerable value in the differential diagnosis of scurvy and arthritis of rheumatic origin, as the latter condition is practically unknown under three years of age. The chief symptoms of scurvy are pain on being handled, bleeding and swelling of the gums around the teeth, blood in the urine or stools, and swelling at the ends of the long bones. The swelling is due to a haemorrhage under the periosteum. This at first glance may appear as a swelling of the joint, which often leads to the mistaken diagnosis of arthritis of rheumatic origin. Enlargement of the costochondral junctions is also present, but this enlargement is more angular than found with rickets.

Scurvy is caused by a lack of the anti-scorbutic substance. This substance is contained in fresh fruit and vegetable juices. It is practically entirely destroyed by heating. The treatment of scurvy consists in the administration of one-quarter to one-half ounce of orange juice twice a day. The orange juice may be added drop by drop to the cold feeding.

*Summary.*—Rickets is a disease which is very frequently encountered in infants during the winter months. It involves not only the osseous system but other parts of the body, particularly the nervous and muscular systems. The earliest manifestations of the disease are frequently the result of the involvement of the nervous system. The most important result of



rickets is a general loss of resistance to infection. There is no doubt that this loss of resistance to infection is a very great factor in our infant mortality during the winter months. The disease can be prevented and eradicated from our province by the routine administration at one month of age of one half teaspoonful of cod liver oil three times a day. This should be increased by the third month to one teaspoonful three times a day. The cod liver oil should contain large quantities of the anti-rachitic substance or vitamine. Many specimens contain only small amounts. As rickets occur in both breast-fed and artificially-fed infants, the oil should be administered as a routine measure to every infant. As an adjunct to the above treatment the skin of the infant should be exposed, when possible, to the direct rays of the sun.

Tetany is most frequently encountered in infants from five to nine months of age, during the winter and spring months. The symptoms are: repeated convulsions, spasm of the larynx, hyperirritability of the facial muscles, and carpopedal spasm. The

treatment of the disease has been given in detail. The means adopted for the prevention of rickets will prevent the development of tetany.

Scurvy occurs most frequently in infants from eight to twelve months of age. The most prominent symptoms are: pain on being handled, bleeding and swelling of the gums around the teeth, and bleeding from other mucous membranes. The disease can be absolutely prevented by the daily administration to every artificially-fed infant of one-quarter to one-half ounce of orange juice. This treatment should be started at four to five months of age.

*Conclusion.*—In view of the ease with which rickets, tetany and scurvy can be prevented, the development of any one of these diseases in patients under our care must be regarded as a very serious reflection on our professional ability.

The author desires to acknowledge his thanks to Dr. Alan Brown, physician-in-chief, for permission to use the records of the Hospital for Sick Children.

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## *The Treatment of Anaemia*

By Dr. E. MILLS, Visiting Staff of the Montreal General Hospital, Montreal

A successful physician of the last century once remarked that the first step in the treatment of disease is diagnosis, that the second is diagnosis too. He said this to emphasize the importance of making accurate analysis of the case before attempting to treat it. In a consideration of the treatment of anaemia it is first of all necessary to grasp the fundamental fact that anaemia is not a disease but a sign of disease. One could with as much propriety say that vomiting is a clinical entity. Both vomiting and anaemia are

signs, not diagnoses, and it is the first duty of the physician to ascertain the cause of the disease if possible.

The number of diseases in which anaemia occurs at some period or other during their course is almost legion. Among the more acute illnesses may be mentioned intestinal parasitism, septicaemia, rheumatic fever and purpura. Most chronic diseases, such as tuberculosis, syphilis, cancer or chronic tonsillitis, produce in time a considerable anaemia. The diagnosis of anaemia due directly to blood loss is usually

easy, as in haemorrhage from the uterus or lower bowel, but when bleeding is from the stomach or duodenum, as in peptic ulcer, the cause of the anaemia is often less obvious. Then, anaemia may result from disease of the bonemarrow where the blood is formed, such as leukemia and pernicious anaemia. It is therefore of extreme importance to make an early diagnosis, for the success of the treatment, and perchance the life of the patient, may depend upon it. As a general rule, when the cause of the anaemia is treated or removed, the anaemia takes care of itself. In a few cases, the bonemarrow, which produces the blood, must be stimulated. In other instances, although as yet we do not know the cause of the disease, we have learned how to treat it. This is true of pernicious anaemia.

Our present knowledge of the effectiveness of various foods and drugs in the regeneration of blood comes largely from the experimental studies of George Whipple and his collaborators, now of Rochester, N.Y. His method of study was briefly this. He bled dogs of a certain proportion of their blood. He then gave them all an ordinary diet. To some, in addition to this diet, he gave one substance, to others another substance. In this manner he tried out simply the effect of dozens of different foodstuffs, and a number of drugs, such as arsenic and iron in its various forms. He gauged the effect by the rapidity with which the blood loss was restored. In this way it was discovered that liver is by far the best foodstuff to "make blood." This discovery was naturally almost at once applied to the treatment of patients with anaemia, and especially of those types of anaemia resulting from disease of the blood forming organs, such as pernicious anaemia, or where the cause could not be determined. To make a long story short, liver was discovered to have an immediate and

marked effect on pernicious anaemia. It causes an abundance of fresh young red blood cells to appear in the blood to replace those destroyed, so that soon the normal numbers are present. The reason why it does this is not known. It does not bring about a cure of the disease any more than insulin brings about a cure of diabetes, for, so far as is known, it does not remove the cause. Hence the treatment must be kept up indefinitely.

The liver should be taken in fairly large amounts daily until the blood has been restored to the normal level. From eight to ten ounces daily is recommended. After the normal blood level has been reached the amount may be reduced. What is adequate to maintain it in one individual may be insufficient in another. A fortnightly estimation of the blood will tell whether sufficient is being taken.

The liver may be prepared in any way which suits the palate of the patient. Raw liver is hardly more efficient than when it is cooked. It should not be boiled, however, as some of its potency passes into the water. It is now being taken in many forms, viz., ground up in soup, in the form of sandwiches, as a cocktail, and even mixed into chocolate ice cream.

Within the past year there has come on the market an extract of liver which contains the substance beneficial in pernicious anaemia. This is superior to liver only in that it can be taken in larger amounts than can liver, and allows for a more liberal diet. It can also be tolerated by very anaemic patients who would not digest liver, or by those suffering from nephritis, where liver is almost contra-indicated on account of its bad effect on the latter disease.

On the whole, the use of liver as a therapeutic agent in pernicious anaemia opened up for patients with this disease an era of hope and of comparative health.



## *The Nurse and Her Opportunities*

By ELIZABETH L. SMELLIE, Ottawa

This title was apparently chosen with the idea of giving broad scope to the speaker. Only one aspect of it—the question of responsibility as to vocational guidance of the prospective and younger graduate—is dealt with here.

Whether institutional, private duty or public health nurses, we are fortunate in Canada in being linked together so intimately as we are in one co-ordinating parent body, the Canadian Nurses Association. There is no question of rivalry or competition because each type of work has its own peculiar appeal for those interested in that particular branch, and in the opportunities it gives for service as well as for self-development. In the survey recently carried on under the direction of Dr. May Burgess in the United States, certain rather surprising facts are noted which, while the situation may not be precisely the same in Canada, give us reason seriously to think. One point is the possibility of the nursing profession shortly becoming overcrowded. In Dr. Burgess' opinion nurses have never really thought in terms of supply and demand—the demand to a striking degree has always been in their favour. Neither, she says, do most nurses like to think in economic terms. Nevertheless, the tide has turned and registries indicate nurses must look for wider opportunity if the profession is to remain on an economically sound basis.

One sometimes hears that nurses are flocking into the public health field. In 1927 there were 725 nurses enrolled as members of the provincial associations of the Public Health Section of the Canadian Nurses Association. How that com-

pares with the number engaged in other types of nursing work in Canada is not known. Dr. Burgess' survey of hospital and private duty nurses gives the proportionate number engaged in private duty as 54%, institutional work 23%, public health 19%, other professions 4%. This should be a fairly general estimate. The private duty being the largest group is thus apt to be the first to suffer should there be unemployment. Reference was also made in the report to the fact that while there are a number of applicants for public health positions in the U.S.A., comparatively few have adequate preparation to assume them. This is undoubtedly the case in Canada and therefore we should face it; find out the reason both for the shortage of well-qualified nurses available for the public health field, and also for the apparent lack of knowledge as to the work and its requirements. Is there any way this condition of affairs can be obviated? A British nurse, at a round table conference in Geneva last year, urged that the importance be emphasized of planning for the new graduate until she is adjusted, just as carefully as for the undergraduate student. This suggestion was received with interest and in the above connection suggests possibilities.

One notes at certain times of the year from the increase of applications, that there seem to be numbers of free lance nurses seeking employment either because they are without work or else because they wish to make a change. They then seek public health positions and are extremely surprised to learn that they are not qualified but need to have additional preparation. True, there is a variety of work from which to choose: that undertaken by provincial departments, municipal depart-

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(An address given before the Nursing Education Section, Canadian Nurses Association, at the General Meeting, 1928.)

ments, the Red Cross, the Victorian Order; special types of work such as school, infant welfare, industrial work and so on. But a nurse needs to be first of all a graduate of a recognized school giving a good general training, preferably with specialized experience in obstetrics, pediatrics and communicable disease nursing. She must register in her province, have a period of practical experience on a well-supervised city staff and by all means take post-graduate public health training at a university if it is humanly possible. If she is keen and ambitious she will realize the need of this herself, particularly if she is to do administrative work or to be in an isolated community. Post-graduate training alone can not produce what is non-existent in the beginning; for instance, instil qualities of leadership or entirely modify a disposition. There are not a great many administrative positions in Canada just yet. Nevertheless, for workers in the public health field, as in institutional nursing, there is prospect of good leadership, and of advancement. At the present time it would appear that some look upon public health as a refuge for the mentally or physically weary, rather than as a challenge to the youthful, energetic, adaptable and physically fit, to meet the need existing in every province in Canada for additional well-qualified recruits.

Let us consider the question from another angle. Are all of us, hospital superintendents, instructors, head nurses in training schools, and those outside, actually interested in the future careers of young graduates, as well as in their preliminary training? Getting together on any organized plan, or individually; even assuming sufficient responsibility with regard to keeping prospective graduates and alumnae associations informed as to the opportunities awaiting in each nursing field?

Speaking now with special reference to the third field, the claims and fascinations of public health nursing as a career would not appear to be so well interpreted or generally familiar as are those of private duty and institutional work, largely one would presume because of staff nurses being constantly in touch with the institutional and private duty groups in the average hospital; and because of a corresponding lack of contact with public health workers, or complete understanding of their objective on the part of those supervising undergraduates, as well as of the student nurses themselves.

Suppose, then, the question is asked whether or not a series of well-planned talks on public health nursing and the contribution and relationship of the various groups engaged in it, official and voluntary, is given in the senior year; or if there is undergraduate affiliation, either for observation or practical experience with a public health organization at any time during training, the answer is still very generally, no. Unless those responsible for group instruction are themselves sufficiently aware of newer developments or ready to call upon others to bring it to them, how then is this particular field to be enabled to attract more nurses and to relieve possibly the surplus number apparently disposed to drift at the present time? To indicate how comparatively little is being done throughout Canada to introduce this newer field of work, some references are given from recent letters received from several provinces—east and west. These speak for themselves.

A representative nurse of one province writes, "It can not be said that any organized effort has been made to bring before undergraduate nurses the public health fields open to them as a career. These students certainly do *not* have experience with health organizations during



their training course, nor would it seem possible that they should do outside practical work during their crowded three years." Another provincial representative in a different part of the country states that hospital superintendents would be enthusiastic and welcome speakers on public health subjects, were they available. A third province refers to a plan of affiliation in one city with the local department of health and of hopes for a course of lectures later to run concurrently with the practical work. Still another letter states that members of their provincial department of health are occasionally asked to speak to the pupil nurses in some of the hospitals, but that this is not done systematically each year or at definite intervals. One other, in stating there is no organized effort in her province, feels that public health nurses are *too busy* to devote time to the supervision of pupil nurses' work and also that some could not well undertake the responsibility of handling affiliated work.

In the province of Manitoba a course of ten hours' instruction on public health is given to the senior students of the Brandon General Hospital and to the senior students of four of the Winnipeg hospitals. The Winnipeg General Hospital nurses spend one week with a member of the provincial nursing staff to gain a little insight into public health nursing—also the senior students of the Brandon General Hospital have two to four weeks' experience with the nurses there. The lectures referred to above are given by Miss Russell and Miss Wells of the Provincial Department of Health and are arranged through co-operation of the department with the superintendents of training schools.

There is one other letter to refer to later. These are just given to illustrate that there undoubtedly is

opportunity in most of the provinces for extension of knowledge.

Each province has its own official programme and its individual problem. Each has a Public Health Nursing Department whose director is well aware of the nursing needs of that province and of the facilities available to meet them. There are the university centres. Several of these universities have now nursing departments connected with them. There are also the administrative heads of several municipal departments. Of necessity there must be the best possible understanding between the superintendents of training schools and the public health nurses, particularly those in administrative positions. Each needs to have appreciation of the difficulties of the other to realize that on the one side there is a great deal to work in during the crowded three years and that the best-intentioned superintendent in the world can only do *so much*; and from the other point of view that occasional interpretation of the work by a nurse actually in some special field may draw a truer picture of its possibilities than is apt to be the case through a routine series of lectures given by the institutional workers only.

Most provinces in addition to their central administration, have county or section nurses who from time to time are available in the larger centres. The National and Provincial Red Cross Societies have representatives constantly in the field. In certain centres there are leaders in nursing education holding university positions. The provincial registrars go about a good deal. The officers of the Canadian Nurses Association are in various centres and the Victorian Order has representatives in many parts of Canada. In the provincial centres, at least, a plan such as that adopted by Manitoba might well be worked out and certain other occasional speakers

obtained. Some effort might well be made also with regard to reaching high school girls and university women's groups.

One agrees with a point emphasized in a paper given to this group two years ago, that certain health or public health instruction is required for the pupil nurses in the hospital school but that the actual teaching of public health nursing to those students has only place in so far as it improves their preparation for bedside nursing. One also believes that for that very reason opportunity of affiliation in the senior year, because of giving the nurse a different viewpoint on the home aspect of her patient's illness, should make her an additionally valuable nurse. With regard to arrangements for affiliation, however, one stipulation should invariably be that it only be entered into provided it can be carefully worked out and sufficient responsibility jointly assumed. It is not recommended that at present every nurse should have this opportunity unless there is indication of exceptional ability and interest. When it is undertaken there should be a return report to the hospital superintendent just as there is from any ward or affiliated hospital. In places where affiliations already exist one notes interest developed, and that this group forms a potential source of future supply. In a letter received from a nurse of wide experience, two paragraphs, to which reference has previously been made, appeal very much. The writer is not known in Canada as a public health nurse. One might say she has the generalized viewpoint. Speaking of her province she states:

"In a few centres there is some valuable experience to be had where the supervision and teaching can be arranged. However, from one busy centre a com-

plaint has been made that the student nurse contact is not an entirely satisfactory way of teaching, or of stimulating interest, and that the public health nurse in charge sometimes feels that little is accomplished and indeed in some instances her own usefulness is handicapped to a certain extent by the attendance of inexperienced and often indifferent nurses at the clinic or in the home. From this complaint, I feel there should be a careful selection made of the nurses who are sent out to take experience in this way and that it is not desirable to give public health teaching to the entire class.

"Where it has been possible to encourage superintendents of training schools to give their students some contact with the work of the health centre, this has been advised; but I believe that a more intelligent grasp of the real meaning of health for the community may be provided for the student by a well-planned course of lectures, supplemented by occasional addresses by experts in the various fields, where affiliations can not be arranged."

These few stimulating sentences are passed on for your information. You will not find absolute agreement on all these points even among public health nurses, nor can one ever feel absolutely satisfied that an ultimate conclusion has been reached. This in a measure accounts for the fascination of public health work. More and more, all the time, is it necessary to keep an open mind, to seize every opportunity to observe, to learn from our own experience, to benefit from that of others, and to realize the need of advancing slowly along sound lines. More than all, in whatever type of nursing engaged, do we need to be conscious of our interdependence, and of the fact that the difficulties or misunderstandings of one section of the nursing group eventually become the responsibility of the larger body, whether they have reference to the relationship with the patient, the physician, the family, the community at large, to the nurse herself or to the official authorities.



## *Nurses and their Attitude Toward Sex*

By **LESLIE BELL**, Montreal, P.Q.

There are few problems confronting human nature with which nurses are not at some time brought in contact.

One of the most difficult and thorny of these questions with which a nurse has to deal in her role of guide, philosopher and friend, is undoubtedly the question of sex, with all that it implies.

"Like the physician the nurse confronts the imperiousness of the sexual life on every side. Even the armour of strong character, high ideals and clear thinking bears many a dent inflicted on it in the death agonies of some of the lives into which you will be drawn. . . . You are indeed fortunate in being women to whom, thus far at least in the life story of humanity, an open-eyed and earnest idealism has been most truly a birth-right." (*Social Hygiene and the Nurse*: Dr. John M. Stokes.)

Venereal disease, masturbation, marital unhappiness, mental conflict and emotional disturbance, are these not factors of prime importance in many of the cases to which nurses must minister? What shall be our answer to such questions as these: "What should I do about my three-and-a-half year old boy who has begun to masturbate?" "What shall I tell my child when she manifests curiosity about the anatomical differences between baby sister and baby brother? How shall I tell her where babies come from?"

Can we as nurses deal intelligently and constructively with such questions unless we ourselves have a healthy attitude of mind regarding these things? And many of us would unhesitatingly say that the first step in acquiring such an attitude is courage. For those brought up in the "old school" of thought, where reticence and modesty were considered all important, it *does* require courage to

change one's point of view and discuss frankly and comfortably the problems of sex.

Dr. Van Norman Emery tells us that "the first step in the process of revising our attitudes is the gaining of insight into ourselves. This is often a painful process. Feelings of embarrassment and perhaps shame come to the surface. Until we have frankly faced and analysed our present attitudes . . . until we know what sex has signified to us in terms of feeling and are able to contrast with this what sex should signify if the best interests of society and the individual are to be conserved, we have not the necessary insight to revise intelligently our attitudes towards sex.

Knowledge is the best key to this difficult problem. As we acquire new facts through reading or discussion, we shall be reminded of many personal experiences long since forgotten. As our re-education proceeds through the co-relating of old experience with new facts, we shall gain new and wholesome attitudes toward sex. We shall become more objective, more honest minded. We shall develop new and more useful habits of feeling about sex." (*Revising our Attitude towards Sex. Mental Hygiene*, April, 1927.)

One very important point to keep in mind is that one's attitude should be kept free from emotion as far as this is possible. Why should the whole matter of sex be bound up with such intensity of feeling? We do not treat our other "instinctive drives" in the same way. We do not, generally speaking, fear or conceal our perfectly legitimate desire for food and drink. We give it natural and wholesome expression. As a result in normal, healthy adults it sinks into its proper place in life, neither unduly obtruding itself upon consciousness nor mistakenly struggled against.

Nor do we, excepting in exceptional cases, have to suppress the instinct for self-preservation. On the contrary "Safety first" has become the modern slogan. (The fact that this instinct did for a time have to be so violently and continuously suppressed accounts for a goodly number of the war neuroses.)

"Sex has been man's greatest blind-spot. All ideas and attitudes associated with sex are surcharged with strong emotions which make them obstinate forces. Nowhere is clear thinking more necessary and nowhere is it more difficult. It is imperative that we revise our attitude towards sex." (Revising our Attitude towards Sex. *Mental Hygiene*, April, 1927.)

If we accept the evidence of physicians, social workers, jurists and alienists, we must acknowledge that sex is at the bottom of a great number of the ills from which the world is suffering: ills which we as nurses have a major interest in combating and preventing.

Because the reproductive instinct is of all natural impulses the one which is most determinedly suppressed, and the one with regard to which mankind has perhaps gone furthest astray, for that reason it has become the most prolific source of mental, social and physical ills. "When we come to investigate the mental factors that enter into the causation of nervous and mental diseases, we find that conflicts over sex are very prominent. In a large number of cases mental symptoms are the result of the battle the patient is continually waging between his desires and the inhibitions that are necessary if social standards are to be maintained. All human beings have this battle to fight. Most people adjust this problem in a more or less satisfactory way, but many fail. We call them insane or criminal, their behaviour is anti-social. Their mental symptoms are due, however, to their unwholesome attitudes toward sex, and not, as is popularly supposed, to

over-indulgence in childish sex behaviour." (ibid.)

From many different points of view this subject is being discussed. In a newspaper article on Art the following appears: "It is astonishing that in this day of mental hygiene and liberal sex education, the prurient conception of the human figure still persists. Of course it is true that such a state of mind exists largely among the members of the older generation who were brought up according to a notion which, in the judgment of modern pathological and psychological authorities, is highly injurious psychically: the notion that the natural instincts are inherently evil and should be repressed out of all proportion. This belief, indeed, has always been the shaky pillar in the structure of Western morality. As a result, the history of our society reveals itself as a succession of periods of alternating fanatic repression and unbridled license. It is not the way of a stable and enduring civilization, and modern students of society are convinced of the vital necessity of something like a golden mean between the two. No sound morality will ever be built up that takes as its premise the theory that the biological processes are degrading and that as a corollary the human figure partakes of the obscene." (*Toronto Saturday Night*, September 24th, 1927.)

From such considerations as these we come to the practical application. How can we best help those with whom we come in contact to a sane conception of the meaning and implication of sex? How can we, nurses, most fittingly present the subject to the harassed parent who asks our advice and sometimes our assistance in the prickly question of what to tell children regarding the simple facts of life, and *how* to tell it.

It would seem that the first thing to do is to help these puzzled people to look into their own attitude towards the whole subject of sexual re-



lationship and reproduction. Are they, perhaps, confusing sexual with sensual? We can show them the importance of clear thinking.

Again, may we not ask them whether their difficulty arises because they really regard the thing in itself as distasteful and therefore to be avoided, or whether the trouble is not chiefly because of their inability to express themselves on this topic plainly and without emotional colouring?

To the latter it is sometimes helpful and illuminating to give them something in the way of a biological background. Lead them to a consideration of the wonder and beauty of natural processes and the perfection of Nature's workings. Let us present this whole question to them, as Dr. H. Crichton Miller puts it, "on a basis of progressive evolutionary idealism."

With those who are sincerely averse to any such freedom of speech in regard to their children's questions, perhaps the best we can do is to point out the evil results of prevarication and half truths.

If parents and teachers can be helped to realize that by giving way to their own emotional reactions, by allowing prejudices and preconceived notions to dictate their conduct, they are jeopardizing their children's future mental and physical well-being and planting the seeds of serious difficulties in later life, they may in time come to a different attitude. May we not ask them if it is to be assumed that reproduction with all that it implies is distasteful and repulsive, something about which we must hedge and prevaricate, then must it not also follow that parenthood partakes of this opprobrium too? But we know that this is not so, for to most healthy women wifehood and motherhood present the fulfilment of the best life has to offer.

And yet reproduction without sex would be unthinkable.

We can also be of comfort to those people who find themselves torn between what to them seems loyalty to their desire to do the best for their children, by assuring them that the old ideals were not, are not, wrong; they have rendered invaluable service, they are to be replaced, superseded, only in the sense that they are to be more fully rounded out, completed by relieving them of certain implications which we now recognize as false. (*The Mental Hygiene of Childhood*: W. White, p. 185).

The idea that the child is a sexless human being is wrong. The normal tendencies of childhood, of which sexuality is one, cannot be properly directed until they are understood, and they will not be understood until we recognize that a child has not yet developed to that stage in which moral and social standards are recognized.

"These problems are not easy of solution. To see the facts and to deal with them requires intelligence, effort, love, self-sacrifice." (ibid.)

When it comes to the exact words in which to explain the phenomenon of generation and birth, each parent must find his own way. The important thing to keep before one is to tell the truth and not try to improve Nature. If the child is told that the baby grows under mother's heart and later finds out that this is not true, it is more than likely to get the idea that there must be something not very nice about the part of the body in which baby does grow. After all, what is there to be afraid of in the simple truth that the father plants a tiny seed in the mother's body and that this seed, joined with another already in the mother's body finally develops into a baby ready to come into the world? It is not so very difficult to tell a child the function of the male structure, and a sense of the high purpose of these organs is much more likely to result from such teaching than from some ill-explained and shaky falsehood, or from that most

baffling of all answers: "You are not old enough to be told." It has been well said by someone: "Happy is that child who is not left to draw its own conclusions from the silence and evasiveness of his parents." Occasionally a nurse discovers that her little patient indulges in masturbation. Or perhaps it may be a worried mother who seeks the nurse's advice in correcting this habit in her child. What can be done about this habit which causes parents so much concern?

First of all any demonstration of shocked surprise on the part of the parent should be strongly deprecated. Punishment also is to be avoided, because "severe punishment and frightening a child will not solve his sex problems." (Revising our Attitude towards Sex: *Mental Hygiene*, April, 1927.)

This may sound simple enough, but nevertheless an affectionate and conscientious parent finds it decidedly difficult to preserve the desired equanimity in the face of such a discovery. We have, however, very good authority for saying that nothing is accomplished by a display of anger or horrified surprise, and it may help such parents to point out that the dangers of masturbation have been greatly exaggerated. In "The Sexual Life of the Child," Dr. Moll tells us that "there is hardly a single organ of the body the diseases of which have not been by many attributed to masturbation. In reality all this is false. . . . We have to take into account the fact that a youthful masturbator subsequently exhibits nervous manifestations; these often result from the anxiety he has experienced on being informed of the serious consequences of his practices. Not masturbation itself, but fear of the effects, is here responsible for the resulting injury to health. The dangers of masturbation must not be underestimated, but exaggeration must be equally avoided."

We have the authority of Benjamin Gruenberg for saying that "such practices should not cause alarm on the part of the parents, nor should the child be made aware of doing something reprehensible. They indicate the need for helping the child find greater satisfaction in a different use of his hands—for substitution, not repression." (Parents and Sex Education, ch. 5.)

What are some of the ways of helping a child find greater satisfaction in a different use of his hands?

One mother found a good substitute activity in getting her small daughter to hug her dolly instead. Sometimes more companionship with children of the same age has salutary effect.

See that the child has wholesome occupations to employ his energies. "Satan finds some mischief still for idle hands to do." If the child has not been provided with any means of interesting and entertaining itself it is likely to occupy the time in the easiest and pleasantest way it knows.

Be sure that the clothes of the child fit properly and that they are comfortable. If the child is very young caution the mother against leaving it in soiled and wet diapers.

Find out if the child's playthings are suited to its age. The things which interest children vary according to age and temperament, a toy which is beyond it cannot hold the child's interest.

Perhaps the child has been left too long lying in bed in the dark after it awakens in the morning. If it awakens early see that something desirable is at hand to engage its attention till it is time to get up.

It is important to find out when the habit began and if there is any concurrent emotional disturbance or behaviour symptom such as neurosis or temper displays. If the habit persists obstinately the person who has care of the child should be urged to consult a good psychiatrist.



While we must, as already stated, guard against exaggeration, we must not, on the other hand, close our eyes to the mischievous results which may sometimes follow.

In concluding this review of the importance, to a nurse, of a right attitude towards sex, we may fittingly remind ourselves that "experience

has shown that individuals cannot be educated to insight in any sphere by legislation or by whirlwind campaigns or propaganda. They are taught by the quiet persistence of simple contacts with you and me and thousands of other people who know in what we believe." (Dr. E. L. Richards in *Mental Hygiene*, January, 1927.)

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## Book Reviews

**Clinical Studies for Nurses** for second and third year pupil nurses. By Charlotte A. Aikens, R.N., formerly Superintendent of Columbia Hospital, Pittsburgh; sixth edition, illustrated, 607 pages; \$3.25. London and Philadelphia, W. B. Saunders Company, 1928; Canadian agents, McAinsh & Company, Limited, Toronto.

Very cleverly arranged in sections. At the end of each section several pages have been left blank for notes.

Important points are illustrated, making the book more interesting to students. Suggestions to teachers found in the introduction bring out the essential points in clinical work.

Section 1 attracts the attention immediately by the title **Disease and its Manifestations**. In the following chapters the most common diseases are clearly defined, giving characteristics, symptoms, complications and prophylaxis, as well as the management of each disease, in so far as the nurse is concerned; also general instructions as to the diet.

Section 2—**Obstetrics, Gynecology and Diseases of Children** are presented with continuity and interest. After a short description of the reproductive system, pregnancy is followed step by step, including hygiene, which is such an important factor in pre-natal work. The duties of the nurse are clearly traced dur-

ing pregnancy, continuing through the chapter on the management of normal labour, care of the baby and post-natal care. References to complications are not omitted. The succeeding chapters on **Gynecology and Diseases of Children** cover all that is essential, including points to be remembered in nursing, also teaches how to handle children, which is so necessary for success in this particular branch.

Section 3—**Surgical Nursing** and procedures are carefully explained. The heading, "**Surgical Fevers**," catches the eye. What are they? Sepsis, peritonitis, wound infection. Fractures and bandaging are not forgotten or nursing in orthopedics, directing the proper nursing care.

Section 4—**Physical therapeutics**, massage, nursing in nervous and mental diseases are presented in the most practical manner, helping the nurse to study and to assimilate these important subjects.

Section 5 is composed entirely of questions for self-examination and review, which is a valuable asset to the book. The appendix contains very helpful instructions.

**Chemistry for Nurses and Students of Home Economics**, by Annie Louise Macleod. Published by McGraw-Hill Book Co. Inc., New York, N.Y. Price \$2.50 (241 pp.)

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## Money and Investments

By JOHN BAIN, Trustee of the Ottawa Civic Hospital, Ottawa.

Ladies, first I must ask your forbearance. This is really the first time I have addressed a gathering made up entirely of ladies. I shall not try to make an oration—there are very few real orators—and I do not wish to use flowery language. I should just like to have a chat.

I never think of nurses but the little couplet of the greatest of Scottish poets comes into my mind:

"O woman, in our hours of ease,  
Uncertain, coy and hard to please,  
When pain and anguish wring the brow,  
A ministering angel thou."

*How to Make Money:* The first thing is "how to make money." It should be the ambition of every normal person to make money because money means independence, and independence is one of the biggest things in the world. Burns says:

"Gather gear by every wile  
That's justified by honour;  
Not for to hide it in a hedge,  
Nor for a train attendant;  
But for the glorious privilege  
Of being independent."

When you have money it means that you can surround yourself with comfort and cultural things. With money you are a real human unit; without it life is often very drab and dull.

I suppose there is no subject more common than money. The whole adjectival vocabulary has been exhausted in describing it. It has been damned and blessed. You have been told that it is the root of all evil, and also that it is one of the greatest blessings. I do believe it is a great blessing when used properly. Young ladies, do not spoil your youth, because youth comes only once, but always remember that you will be old some day and that without money you will be dependent on others, even for

bread and butter. "Gather gear by every wile that's justified by honour."

*What to do With Your Money:* The second thing is, "What to do with your money." The first thing to do when you have surplus money is to invest it quickly but safely. Have it working for you as soon as possible, but where you can put your hands on it when you need it. The safest forms of investment are bonds of your own country, a piece of paper which will earn for you  $4\frac{1}{2}\%$  or  $5\%$  interest. One thousand dollars brings in as much as forty-five dollars every year without toiling or spinning. Twenty of these bring in as much as the average person working from nine to six o'clock would earn in a year. One hundred dollars invested today safely at  $6\%$  doubles itself in eleven and one-half years.

There are various degrees of what are called gilt-edged bonds. There is a law in England and rules in the courts in Canada which prevent trustees of estates from investing in anything but trustee bonds which are gilt edged. Various gilt-edged securities are: Bonds of Canada, United States and England.

Then you have provincial bonds, with the credit of the province behind them; municipal bonds, railway bonds, nearly all good; bonds of industrial companies, debentures in a good concern; first, second and third mortgage bonds; bonds with a sinking fund; also bonds with a bonus. Preferred stock at  $6\%$  to  $8\%$  interest is second grade security. The test of a security is "Can you sleep at night?"

The difference between preferred stock and bonds is that the stock has a higher rate of interest. The higher the rate of interest the greater the risk.

The next security is common stock. Some firms have no bonds or prefer-

(Address given before a meeting of District No. 8, Registered Nurses Association of Ontario, February 13, 1928.)



red stocks, but common stock. These are generally speculative. Most money is made from these, but you are always taking a chance. I do not know if you will agree with me when I say that for the most part our life is a gamble. A tremendous amount of money can be made from common stock. When I first came to this fair city I could have bought certain stock for \$35.00 a share; now it is over \$200.00 a share. I think I had the wit to buy it, but I did not have the money! Stock may be manipulated up and down on the stock market and unless you are well protected you will be beaten. All stocks are more or less speculative.

There is another form of investment: that is a mortgage on a home or property. To this there are many objections. You may know the man to be decent and industrious and that he tries to pay his interest, but he may lose his position or die before his time, and there you are with a home on your hands which may depreciate in value or the neighbourhood may become undesirable. You may have trouble collecting the interest as some people have trouble collecting rent. It is not a form of investment I like, although in some places an 8% return on mortgages is realized.

Suppose you had one thousand dollars and you could invest it in a government bond which will give you \$45.00 interest every year or take a mortgage for \$60.00 a year interest. Is not the safety and security of the government bond better than \$15.00?

*The Hazards of Speculation:* Frankly, I think that in a very short time, in about ten years, Canada will be the greatest mining country in the world. The production of Canadian mines may even in time be greater than the production of Canadian farms. But in the meantime there will be a good many people bitten.

Do you know that the value of gold is determined by the cost to produce it? That is a statement I heard the

late Sir Charles Tupper make in the House of Commons about the Yukon mines. Many made fortunes but many made nothing. If you balance up all expenditures it will show that "the value of gold is largely determined by the cost of production."

Another thing that may interest you is that it is very difficult to tell when you have a gold mine. It takes \$350,000 expenditure before you can tell if there is a gold mine. Most of the lucky strikes we read about in the papers should be taken *cum grano salis*. Do you know how mining prospecting is done? I shall tell you.

A hardy outdoor man comes to a man in town who has some money and says, "I saw some promising stuff in ———. If you will stake me I will prospect it for you." The town man agrees to provide grub and a camp and money for the summer and the prospector records it in the town man's name. The prospector gets 25% of the profits.

I do not think that there is any doubt that we are the principal producers of asbestos and nickel, and it will not be very long before we are the chief producers of copper. Money taken out of the ground is wealth. Wealth is taken from the ground, the mines, forests and the sea. That is elementary wealth. My advice is to steer clear of mining stocks unless they are good. Of course some mines have proven to be sound and are producing splendid results. I would not want to discourage any one from taking a flutter in mining stocks but it might be well to remember Mark Twain's description of a mine, "A hole in the ground owned by a liar."

*Inventors:* Another thing to keep away from are inventors. All over the world there are inventors. They frequently have a one-track mind and know only one subject. They are a bit of a nuisance. Out of one thousand patents taken out for inventions one will prove useful.

Another form of investment I am opposed to is lending money to

friends. Do not lend money too freely to your friends. By doing so you very often convert them into enemies. Be generous but also be just.

Another way of making money is to invest in a partnership in business. Don't do it unless you know something about the business. If you are entirely dependent upon the other fellow to run the business you have very little show.

Look to the convertibility of your money. An accident or illness may occur when you will need it. See that your securities are readily convertible. You can go to any bank and get a loan on a government bond, municipal bond, or a good industrial bond.

*Stock Market:* You should know something about the stock market. On the stock market there are bulls and bears. A bull is a person who is buying a stock expecting to sell at a profit. A bear is one who sells stock

that he doesn't have expecting to buy at a profit.

The stock market is no place for women. It is too full of dynamite. When a stock climbs quickly and then comes tumbling down, keep away. You can't sleep at nights. You must not hope to make a hundred dollars out of one in a week.

But above all take to heart my advice to cultivate the ambition to be independent. Independence means the full expression of your individuality; it means that you can surround yourself with culture, comfort and happiness. Now do not be like the old Scotsman who went to the doctor for advice. The doctor said, "Thomas, you will have to give up drinking whiskey or you will go blind." Thomas looked sorrowful and prepared to go. The doctor said as he was leaving, "But, Thomas, I usually get paid for my advice." "But I'm no going to follow it, doctor," said Thomas.

#### "THE IDEAL NURSE"

(Editor's Note—The following little essay in allegorical vein was written by a probationer at the Toronto Western Hospital. Readers might be tempted to infer that the lines were inspired by Bunyan's "Pilgrim's Progress." Strangely enough, this is not so, the young writer being unacquainted with that old classic, having, as she affirmed, never read it.)

Among the many Paths of Life, we find that one which leads to the Ideal Nurse. The young woman who would succeed in reaching this goal must sacrifice herself to *Service to Humanity*.

Before starting on the journey, she must shoulder *Responsibility*, and choose for her guide, *Experience*. Her companions must be *Honesty*, *Sincerity*, *Loyalty* and *Courage*; her messengers, *Love* and *Cheerfulness*. Wrapped in *Physical* and *Mental Cleanliness*, capped with *Intelligence*, and supported by *Conscientiousness* and *Will*, she sets out to reach her goal.

Experience does not always lead one over smooth roads. If she is not careful she may stumble in the ruts of Gossip, Jealousy and Envy, and once she has fallen she can never take up the journey again.

As she proceeds along the pathway she adds still further to her companions: *Patience*, *Tolerance* and *Tact*, whom she learns of from her guide, *Experience*. Unpleasant obstacles present themselves at every turn and these must be passed before the end of the path can be reached. The River of Fear runs close beside her during the first part of the journey, but guided by *Experience*, she crosses it and leaves it far behind, just an unpleasant memory. From the Valley of Humility she views the top of the hill where the path ends. The road through the Valley is rough and at times discouraging, but *Perseverance* spurs her on.

Finally she reaches the top of the hill and the end of her journey. Her reward is the Crown of Ideal Womanhood, her title "The Ideal Nurse."



## *Liquid Diet*

By Sister MARY ELIZABETH, St. Joseph's Hospital, Glace Bay, N.S.

The insipid and monotonous liquid diet which has been so often discussed by doctors, dietitians and nurses has been compared to the weather, which Mark Twain humorously deplored in his declaration that everybody talked about it but nobody remedied it. The same routine continues to be served. Whilst the aptness of this comparison may be questioned, the fact remains that weather conditions in every clime and country cannot be changed (even here in the "Garden of the Gulf"), except by the Master Hand of Him who created all things, but happily for us, it has become a simple art of His creature to vary the liquid diet according to taste and circumstances.

In cases requiring a special diet, the idea in prescribing and planning is to make it fit the patient's needs; but when a liquid diet is called for, little or no attention is paid to these same needs. In some instances liquids are given merely as a stimulant, to enable the patient to pass through a critical period: probably a period of only a day or two in which the lack of food is not so serious as would be the lack of liquids upon the digestive organs. In other instances the patient requires a highly nutritious diet that must be in liquid form, as in diseases accompanied by a high temperature; or he may not be able to utilize food at regular meal hours in sufficient quantities to meet his physical requirements, and this desire for food is supplemented by nourishment between meals. Again, a patient may have no desire for food, and refuse to make necessary effort to eat his meals: an attractive liquid with a piquant flavor may at least stimulate

his appetite and induce him to eat other food, regardless of the effort; or it may serve as a means of providing the body with the fluid it requires, which might otherwise be lacking.

Conditions varying so widely call for special consideration, implying thought and care, but not necessarily a great deal of additional work. Milk, for instance, is high in food value but bland in flavour, and one may soon tire of it, especially if ill and appetite not normal. There are many different ways of serving milk that have all the virtues of the time-worn egg nog, but lack its vice—monotony. It shall tell you about the methods of preparation later. A liquid diet implies a condition of the digestive tract that calls for minimum exertion. During the process in which dry milk is prepared, the fat emulsion is broken up and the casein reduced to a fine flocculent precipitate, thus making both elements more readily digested. Then it is a standardized product, and with the ordinary care in dissolving, produces uniform results that are not always obtainable with fluid milk. A liquid diet prescribed for stimulation only is rarely required for more than two or three days, but this is no reason why it should not have a pleasing flavour and some variety.

The broths may be made more palatable by the addition of celery salt or by cooking some of the outside stalks of celery with the meats, then straining off the broth. Gruels may have a table-spoon of broth, beef juice, or grape juice added. If nutrition is the object, chocolate and fruit juices may be combined with milk and eggs in innumerable ways, and served as drinks or frozen mixtures. Cream soups, made of vegetables, strained through a fine strainer, or mashed finely, are excellent

(Read by Sister Mary Elizabeth, dietitian, St. Joseph's Hospital, at the Maritime Conference of the Catholic Hospital Association, Charlottetown, P.E.I., June 20-22, 1928.)

means of providing nourishment when particles of solid foods are permissible. The water in which the vegetables are cooked may be used for the white sauce, thereby improving the flavour. If cream is substituted for milk, the caloric value will be increased and the nutritive value will be otherwise changed. Lactose and cream are valuable, and here, too, chocolate and fruit juices may be utilized. Gelatine as a supplementary protein and as an aid to digestion may be used to advantage in these diets, one-half a teaspoonful to each serving of broth, gruel or orange juice, and the proportions of one tablespoonful to one quart of milk.

In both medical and post-operative cases the liquid diet is usually followed by soft diet. Considering the personal element is essential in serving liquids and soft diets as well as in other special diets: not all patients and certainly not all conditions will permit of every suggestion we have made, but there are enough varieties offered from which to select and which should help to curtail the uniformity of service to which everyone objects. The diets may be used for post-operative and gastro-intestinal cases, typhoid or other conditions requiring easily digested, highly nourishing foods that are well assimilated. We have many recipes which are suitable for this purpose, a few of which we are showing later on, prepared and ready for use.

In our hospital the broths, gruels, cream soups and frozen desserts are

prepared in the main kitchen. Every morning each floor supervisor writes her list of special orders on the blackboard in the kitchen; she also specifies the time they are required. The student nurse who is serving her time in the dietetic department prepares these foods and sends them to the different floors when required. In the serving rooms we have posted a list of suggestions for liquid diets, also the recipes and methods of preparation and the number of calories which an average serving yields. The information is typewritten on heavy white paper and pasted on cardboard procured from the discarded box of x-ray films. It is covered with isinglass and bound with passe partout, thus protecting the paper from soil and misuse. Previous to her work in the serving room the student nurse has been shown by demonstration how these liquids are to be prepared, and the printed directions are useful as an aid to memory. We find that this system works well. It helps the nurse to realize that a patient even though on liquid diet can be given foods which contain as much nourishment as the well balanced meal served his neighbour in the bed nearby. It also fixes in her mind a true understanding of the word "calories," and the nutritive value of the different foods.

Needless to say, the patient, who is the most important person concerned, receives the greatest benefit, and I think it can be safely said that we have succeeded to a certain extent in relieving the monotony of the liquid diet.

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## THE CANADIAN PUBLIC HEALTH ASSOCIATION

meets in

WINNIPEG, October 11th, 12th, 13th, 1928.

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## *Health Teaching in School Fêtes*

By ANNIE G. DOVE, Toronto\*

School fêtes sometimes afford a good opportunity for health teaching, as among the many hundreds who throng such affairs there are always some who welcome the chance of adding to their store of knowledge.

Some months ago, when the home and school club of one of our schools decided on a fête as the best means of raising money to add some special equipment to the school, the public health nurse, taking advantage of the opportunity, asked the committee for the necessary space for a health exhibit. In spite of the fact that her exhibit was not money-making, accommodation was readily granted. Three classrooms in close proximity to the "Health Service" room were allotted to her and in these the exhibits were arranged, planned with the idea of giving helpful hints from infancy to adult life.

In one were arranged the dainty little garments suitable for the baby, and, nearby, paper patterns and directions for making them. The scales, close at hand, pointed out the necessity for frequent weighing, while the literature distributed gave directions on general care and feeding. The bathing of the baby proved quite an attraction, a large celluloid doll being used for the purpose. This was done by young girls who had had previous instruction by the nurse in Junior Health League classes.

For the pre-school child the value of examination was stressed by charts and large posters. Attention was also drawn to the need for vaccination and toxoid. Attractively arranged on a table for these little people, breakfast, dinner and supper were found, showing not only the kind of food but also the servings for the normal child.

In the room devoted to the school child there were also samples of meals suited to his requirements. There, too, were found posters, charts and literature. An interesting demonstration on brushing the teeth was given by children under the direction of one of the school dentists. Close at hand also some of the work of Junior Red Cross members was displayed by the nurse who has charge of the organizing of these classes in the schools.

Posters and literature stressing the need of periodic examinations in adult life provided an attraction in another room. In every section a nurse was present to answer questions or give any information.

Probably the room that attracted most attention was that under the direction of the organizer of Red Cross Home Nursing Classes. There, helpful hints in plenty were given on how to manage in the sick room. Many stopped to watch the making of mustard plasters and linseed poultices, but the chief centre of interest was the bed in which there lay a dainty little girl patient, looking very comfortable with a back rest which on examination proved to be only a wash-board; and a bed-table—an ironing-board supported on chairs. Her tray, daintily served, gave suggestions on how to tempt the invalid.

For several hours, in spite of the attractions of other parts of the building, a constant stream of people found their way into the health section. Judging by the questions asked, the interest displayed was such as to make the work seem very much worth-while. Members of home and school clubs from other parts of the city were stimulated to ask for similar exhibits. Already the experiment has been repeated in at least one school.

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## Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,  
Miss CHRISTINA MACLEOD, General Hospital, Brandon, Man.

### *The Evaluation of Types of Examination Questions*

By FRANCES L. REED, Superintendent of Nurses, Woman's Hospital, Westmount, P.Q.

In considering the subject, the Evaluation of Various Types of Examination Questions, we must first define the functions of examinations. We should think of the examination as being not only a test of knowledge acquired, but also a test of the ability of the student to use and apply that knowledge.

The first principle underlying the preparation of any examination paper involves the analyzing of the objects of the course, and constructing the questions so as best to measure the extent to which these objectives have been fulfilled.

Another important factor is that any examination must measure exactly what it sets out to measure, and that all irrelevant factors should be eliminated. That is, if the purpose of the examiner is to test the knowledge and ability of the student to use that knowledge, the examiner should not be influenced by such things as neatness, arrangement, handwriting, etc. These things should be measured separately. To be reliable the examination should be so constructed that a scale can be provided which when used by more than one person should arrive at the same result. It is well known that groups of papers sent to various examiners, may vary greatly as to grading. In one case quoted in D. Starch's book on Education Psychology, a geometry paper examined by 116 teachers varied from 28 to 92 marks.

The third important principle is that the examination should be com-

prehensive, i.e., the questions asked should represent every phase of the subject matter. To uphold this principle it is evident that a large number of short questions which require brief answers would cover the subject better than a few questions which require long answers.

The best examination also economizes the time and energy of the teacher as well as the student.

We are all familiar (only too familiar, I am sure) with the old traditional type of examination which was used until comparatively recently, and is still in some schools the chief means of examining the student. While this does test the ability of the student to think and reason in the subject matter of the course it does not provide means for testing adequately her knowledge of the subject. It is almost impossible to make this type of examination fairly comprehensive without asking the student to write until she is very greatly fatigued. Those of us who have used this means of examining students know how much irrelevant material can be and very frequently is incorporated into the answers given, and how very often one has to search among such for the points which will give an idea of the student's knowledge of the subject. It is also very easy in this type of answers to be influenced by the general arrangement and appearance of neatness which the papers may or may not present, and which should have no consideration at this time.

Lengthy answers mean not only an extra amount of the student's time, but also involve a great deal



of the instructor's time in correcting the papers. Therefore this type of examination does not score with relation to the principles involving economy of time and effort. There is also considerable possibility of misinterpreting the question (if it is not most carefully worded) as we know from the varieties of answers given. The chief use of this traditional essay type is in testing on principles, and the application of those principles, and in testing the thoroughness with which these have been learned. It tests the ability of the student to quickly organize subject matter and to express herself in concise terms, and also is a test in composition, language and vocabulary.

*Recall Type of Examination Question:* By this is meant the examination where the student supplies her own answer as distinguished from the Recognition Type when one or more answers are given from which the student selects the correct one. The traditional essay type of question which we were discussing is of the recall type.

*New Type Examination Question:* In the new type of examination the most common form used is the Completion Type: here a statement is made with important words or parts omitted and the student is asked to fill in the blanks so as to complete the statement.

*Example 1:* Instead of asking as in the old form: What is the conjunctiva? we say: The thin membrane lining the eyelids and covering the front portion of the eyeball is the.....

The question requires a single word as the answer. Most of the writing is done for the student.

*Example 2:* The internal secretion of the pancreas is called.....

*Example 3:* The..... and ..... arteries carry blood to the lungs.

This type can be well used not only to test the memory of the student

but also to test her ability to apply principles.

*Advantages:* 1. As many questions can be given covering large fields it tests the pupil's knowledge in every phase of the course.

2. Little time is spent in writing, therefore it is an economy of pupil's time and it is very easy to score.

*Disadvantages:* 1. Difficulties in preparing questions, but facility comes with practise.

2. No test to consecutive thinking.

3. The expenditure of teacher's time in preparing questions, but this is over-balanced by the rapidity with which the papers can be corrected.

### *Recognition Type*

*True-False Type:* Here a statement is made and the student must judge as to its correctness or otherwise. The letters "T" and "F" precede each statement, with the directions to encircle the letter "T" if the statement is true, the latter "F" if the statement is false. Of course, if the statement is in the main correct, but contains even one word incorrect, it must be counted as false.

*Example:* F. The function of red blood cells is to carry oxygen, or one may say: T. The function of white blood cells is to carry oxygen, or T. The pericardium is a mucous sac surrounding the heart.

In formulating a false statement, the sentence must not be so obviously false that one who has little knowledge of the subject would recognize its falsity. As the purpose is to get the relative grades of the students, as well as to see if they have sufficient knowledge to pass the examination, or make a given percentage, these finer distinctions will be of value, for it is only the better students who will rank high under these circumstances.

*Advantages:* 1. Economy of student's time, as no time is used in writing. Time is really spent in thinking and reasoning.

2. Helps in the grading of relative reasoning abilities of the course.

3. Ease of scoring.

*Disadvantages:* 1. As there is a choice of only two answers, the element of guessing may be present to a great degree.

2. This is one of the recognition type and is less a test of actual knowledge, as it is always easier to recognize a word than to recall one.

#### *Recognition Type*

*Single Choice Type:* A statement is made with four or five alternative answers numbered, only one of which is correct. The student is required to underline the one which she considers to be correct.

*Example:* The test used for the presence of anti-bodies in the blood in typhoid fever is the (1) Wasserman, (2) the Widal, (3) the Calmette, (4) the Schick.

The student should not only underline the answer but should place in parenthesis in the margin the number of the word. This facilitates the ease with which the papers can be scored. Also it is important that there should be only one correct statement. This type tests the knowledge, reasoning ability and judgment, as many of the alternative statements made will seem very plausible to one only partially informed.

*Particular Advantages:* Less chance of guessing than the True-False Type.

*Disadvantages:* Difficulty in formulating statements so that the wrong answers will not be even partially correct.

*Plural Choice:* This type is very like the single choice recognition, the difference being that two or more correct answers are given as well as alternatives that are wrong.

*Example:* The following enzymes are contained in the pancreatic juice: amylase, intestasé, lipase, trypsin, erepsin.

*Advantages:* Similar to single choice type. Element of guessing is not so great as in the True-False type.

*Disadvantages:* That having to underline more than one word prevents the use of a key for scoring, therefore it takes longer to correct.

#### *Matching Type*

*Recognition Type:* This is another type which has considerable value in ascertaining the general knowledge of a subject anatomy.

A list is made of from 20-25 words and numbered consecutively. In a second column a list of words with which the first are associated are arranged in a haphazard manner. The student is asked to write the number of the word in the first column opposite the word in the second column with which it corresponds; that is, she matches the words one against another.

*Example:* A list of cavities and processes associated with the bones might be made and numbered in the first column, the bones with which these are associated in a haphazard manner in the second.

*Advantages:* Scoring easier. No writing involved in answering.

*Disadvantages:* Not advisable where list or terms few as there is too much possibility of guessing.

There is still another form of recognition type which is somewhat used, which takes more ingenuity on the part of the instructor to formulate the questions than any of the others, and that is the analogy type.

*Example:* Epinephrin is to the supra renal glands as insulin is to pancreas, or infundin is to pituitary gland. Femur is to the acetabulum as the humerus is to the glenoid cavity.

*Advantages:* Tests not only knowledge but to a fine degree the ability to think in the subject matter. Differentiates between higher grade and inferior student.

*Disadvantages:* Great difficulty in preparing.

To sum up the advantages of new type: They are more thorough when it comes to testing the knowledge of



the subject; eliminate possibility of irrelevant factors being introduced; when only one answer is possible it leans towards precision and accuracy; less chance of questions being misinterpreted; better means of grading relative abilities of the students; conserve student's and instructor's time; less fatiguing; liked better by the student; and can be corrected by clerk

without decreasing accuracy of grading.

*Disadvantages:* Little test of consecutive thinking, no test of composition or use of English.

It may be considered that the new type questions are the best means of examination on the whole, but their success largely depends upon the instructor in formulating the questions.

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### *Discussion of Miss Reed's Paper on "The Evaluation of Types of Examination Questions."*

By **OLGA V. LILLY**, Instructor, Royal Victoria Maternity Hospital, Montreal.

It is my privilege to draw attention to some of the points bearing discussion in the foregoing paper, a paper which has shown us in a most interesting and interpretative manner the many aspects of an examination.

To my mind there is much to be said in favour of the old type of question (providing the question has been well thought out), and it does not seem feasible that after a comparatively short time in using the new type as against the years of employing the old that we can, as yet, conclusively gauge their relative values. We cannot but agree with much that has been said in favour of the new type and have no cause to deny those advantages that have been outlined to us. However, I think that we are not justified in regarding the new type as definitely superior to the old yet awhile, if indeed, ever.

Let us consider the disadvantages of the old type of question as they have been put before us and see wherein they lie. Perhaps we shall find that the causes are not so very deep-seated. The first disadvantage mentioned is that "the old type does not provide for testing adequately

the student's knowledge of the subject." Surely we are more concerned in just how much ready knowledge the student has rather than in that which she can only recall through the examiner's suggestion. If this be so, why endeavour to measure the latter? A second objection lies in the long time required by the student in order to write comprehensively. This does not apply in every case since many students excel in writing briefly as well as to the point and will make a high grade on a paper written within an hour; furthermore, the examiner is chiefly at fault in this respect by not having carefully considered the opportunities given to the student for lengthy answers by reason of the manner of the question. For example, by asking the pupil to "Discuss this or that," "Give several reasons," "Write a note on," and, may we never hear it again, "Tell what you know." The element of time as an objection to the old type can be ruled out as readily as it can be introduced as an argument in favour of the new through the careful wording of questions. By specifying the number of points to be given, such as of symptoms or details of technique,

by requiring that answers be brief and concise, and by limiting, within reason, the period for writing the time and effort on the part of both the examiner and the student will be conserved.

With regard to the introducing of irrelevant matter: this can be almost entirely eliminated by announcing at the commencement of an examination that marks will be deducted for this offence: furthermore, the student should be required to tabulate the main points of an answer, whenever this is possible. This helps the student to acquire the habit of thinking clearly, and tends to remove still another of the disadvantages mentioned, namely, that of the examiner having to search through long answers to find the points of value.

As to the matter of the examiner being influenced by the general arrangement and neatness of the paper, the exercising of a little common sense should be all that is necessary to insure fairness in this respect. To say that neatness or the lack of it should not be at all considered in the grading of a paper is, to my mind, a statement that would bear modifying. I have a strong conviction that if a student were to present a paper devoid of neatness, irrespective of style of handwriting of course, that she should lose the credit, however little, which otherwise she would have earned. Another point in this matter is that, during the student's training, we are endeavouring to form a just opinion of her abilities in all things pertaining to nursing. The student who presents an untidy examination paper will in all probability keep equally untidy ward records. If, through the medium of that paper, we are able to divine this and teach her that it is well worth while to do neat work at all times in nursing, then we can ill afford to ignore such an opportunity.

Another objection to the old type is on the grounds of "the possibility

of misinterpretating the question, if they are not most carefully worded." There should be no "if" in this matter. The new type of question has, of a certainty, to be most carefully worded, and the old type should be prepared with equal precision. If, in spite of this care, a pupil misinterprets a question, then it is well for us to have discovered her inability to grasp the meaning in a clearly expressed phrase before greater harm comes of it. A nurse must not be slow to interpret properly given directions if she is to have any degree of success in her work. Through the use of the old type of question this failing can be more readily discovered and the student may be helped, to use a colloquial expression, to "sharpen her wits."

So much for the disadvantages. Let us turn now to the few advantages that were attributed to the use of this old and tried friend.

There is, first, that to be found in the "testing of the pupil's ability to quickly organize subject matter" and also in the "testing of self-expression, composition, language and vocabulary." Truly these are advantages which should bear considerable weight in the balance. There are extremely few students entering the schools of nursing today who possess even a fair degree of the above attributes. Since we are striving to maintain and still further raise the standards of our profession, we would be wise in adopting any measure that would detect, in the student, deficiencies along these lines and at the same time help her, through practise, to improve.

There is another advantage in the old type of question that, as yet, has not been mentioned. This is to be found when the number of nurses writing an examination is small, and therefore the time spent by the examiner in preparing questions of the new type and by a typist in making the copies, is not worth while.



I speak from experience in a special hospital where an examination is given twice a month to small groups—seldom more than ten—as they leave the training school. This is an unavoidable arrangement and time does not permit here of explaining why.

The remarks until now have been confined to the old type of question. There are, however, one or two remarks I would like to make with regard to the new type. I have discussed the subject with a number of students from various training schools and have learned that they like the new type of question very much. On inquiring into their reasons for liking them I was rather forcibly struck with the fact that several of these could be used as arguments in favour of the old type. For example, one reason was that they did not have the bother of trying to express their thoughts clearly, another that they had less thinking to do and were easier for the student with a poor memory, and, still another, that answering the questions was like playing a game.

The latter seemed to me to be a particularly poor reason since we are supposed to be training young women (not children) in the rather serious matter of dealing with life and death.

As to the fact that a clerk can correct the new type of question, there is this much to be said: that the clerk plays no part in the training of the nurse nor in the summing up of her various strong and weak points by which we judge her nursing ability, and therefore this is a point of questionable value.

In conclusion, may I say that I am of the opinion that both the old and the new type of question can be used to advantage: the extent of which depends chiefly on the subject of the examination? Neither type should be ranked as superior to the other, and the arguments in the foregoing discussion have been given solely for the purpose of emphasizing this. There is this point upon which I am sure we can all agree: that an examination is, at the best of times, a very doubtful means of measuring human knowledge and ability.

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### ANNUAL MEETING

### CANADIAN COUNCIL ON CHILD WELFARE.

Monday, October 28th, Ottawa, Ont.

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## Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,  
Miss THERESA O'ROURKE, 733 Arlington St., Winnipeg, Man.

### *Points on the Treatment of Impetigo, Ringworm and Scabies*

By D. E. H. CLEVELAND, M.D., C.M.

I have chosen to speak to you upon three common diseases which must come to the attention of members of your profession very frequently. If my experience has informed me accurately, it is very often the visiting nurse, the school nurse, or the nurse attending a private patient in a home, who is first consulted by the sufferer, or the parent of a child suffering from one of these infections.

I do not propose to enter upon the question of diagnosis. The diseases which form the topic of this paper, while common, present themselves from time to time under such efficient disguises that they strain the diagnostic ability, not only of experienced physicians but also those who are specialists in diseases of the skin, confining their work wholly to them. Happily, however, in the majority of instances, the situation is so clear that the correct diagnosis is literally home-made. Again, I do not consider it my place to instruct you in the complete management of these cases, but rather to adjust or correct, perhaps to demolish, certain ideas and doctrines held alike by the laity, the pharmacist, and members of the nursing and medical professions. Although it is not your function to prescribe, you can at least advise and protect the patient against unskilful meddling, and it undoubtedly is your business to know the manner in which prescribed medication is to be used, and to appreciate the importance of its correct application.

In the minds of all who have ever had anything to do with these diseases, the mention of impetigo, ringworm and scabies immediately calls up the names of three medicinal preparations: white precipitate ointment, tincture of iodine and sulphur ointment respectively.

Beginning with impetigo, it may be said that the majority of cases—possibly 75%—will clear up under ammoniated mercury ointment, commonly known as white precipitate, no matter how amateurishly it is applied. Ordinarily the patient is told simply to get white precipitate ointment and rub it on the sore spot. The high degree of contagiousness of the disease often is not sufficiently emphasized. The patient may be told something about prevention of spreading it to others, but the prevention of the patient from spreading it to neighbouring or even remote parts of his own skin is not given sufficient attention. Thus a dab of the ointment is smeared over the lesions once or twice a day, and, remarkable to relate, they clear up in a few days. One almost feels that recovery occurred in spite of, and not on account of, the treatment.

But many cases do not get well immediately. In some the original one or two lesions go, while others develop in the surrounding area or more distantly. In others the original lesions simply continue to grow, and new ones develop, which are likewise unaffected by the ointment.

Let us examine into possible reasons for this behaviour: Recall impetigo as you commonly see it: thick yellow or brown crusts which when detached reveal a pink surface from which oozes a clear yellowish serum. Earlier stages show small pink blisters from the size of a pin-head, almost identical with the familiar "cold-sore," up to blebs as big as a pea. The latter are seldom seen except on young children. In a less common variety you see nothing but a pink rapidly oozing area with the epidermis at the edge slightly raised and greyish, as if it were being undermined. The blisters rupture early or are picked open by the



patient, and the same straw-coloured serum pours out. This oozing is characteristic in every variety of impetigo and, with the exception of the rarer variety just mentioned, quickly dries into the typical crusts.

The point I am coming to is that the bacteria which cause the disease are covered over by the roof of a blister, by a crust, or by a flood of serum. The object of treatment is to attack these bacteria with an antiseptic which will kill a proportion of them and check the growth of the remainder until the natural defensive forces of the patient's body regain control. An ointment will not penetrate the blister or the crust, and it will be washed away by a copious flow of serum. Therefore it is obvious that before medication is applied blisters must be opened, crusts removed, and the flow of serum checked. Crusts may be softened and removed by a few hours' application of a boro-starch poultice, but with a few sponges moistened in olive oil and a pair of fine-pointed forceps, the crusts may be softened sufficiently and picked away in a much shorter time in most cases. The very wet, uncrusted cases are not suitable for ointments at all. The use of a mild astringent and antiseptic lotion for 24 to 48 hours will check the flow, after which ointment may be used if it is still necessary.

In the use of an antiseptic the fact is often lost sight of that in our efforts to harm the bacteria we may do even more harm to the surrounding healthy skin. By reducing its vitality and natural powers of defence with strong chemicals used too long, we make it an easier prey for the more or less large number of bacteria which survive. Thus our well-intentioned but overzealous efforts may have the effect of helping to spread the disease. The white precipitate ointment most commonly sold is 5% strength. This is unnecessarily strong, and while many cases are cured by it, many others grow worse under it for the reasons just given. Three per cent is quite strong enough for an adult case, and from 1% to 2½% for children. Cases which are not helped by these strengths

will probably not be cured by the higher strengths, and may be harmed. Cases which do not heal rapidly under white precipitate should be treated by other methods, because prolonged use of it in any strength will eventually cause trouble.

Children, and also many adults, apparently cannot refrain from picking at sores on their faces. Adolescent girls with greasy, pimply skins which often itch, are especially given to this. Adult males are apt to spread their infection with the razor or shaving-brush over the bearded area. It is necessary to do something more than warning the patient to refrain from picking and scratching. Sponging the face over with a bichloride solution of from 1-3000 to 1-5000 strength is a valuable procedure, and should be done at least twice daily. Men should do this after shaving. They should shave the neighbourhood of the lesions last of all, and while shaving frequently dip the razor in a solution of one teaspoonful of lysol to a cup of water. The brush should stand in this same solution for a half hour after use.

You may wish to know what other methods are resorted to in those cases which do not yield to white precipitate. These are far from rare. Text-books on dermatology mention many different preparations, all of which have proved successful in some cases. I rely almost entirely upon one remedy for these stubborn cases, and this is an alcoholic solution of gentian violet, which is one of the coal-tar dyes. The brilliant stain which it makes on the skin is a disadvantage in adults, but patients with extensive cases find that in choosing between it and the disease they are selecting in it the lesser of two evils. It is useless to apply it until blisters have been opened and crust removed, and oozing sufficiently checked to permit the dye to dry on instead of being washed away. This latter can be done by the application of 1-1000 adrenalin on a swab. The dye is then applied with a cotton-tipped applicator, and in two or three minutes when it is dry it should be covered with lint thickly smeared with borated vaseline. The dressing is left in place

for 48 hours, and only occasionally does it need to be repeated. A rough and ready method which I sometimes use and which is very quick and effective is scrubbing the crusts off with sponges moistened in benzol, opening the blisters when present, and painting all lesions with 25% silver nitrate. This is a little painful, but the black colour is not a great disadvantage when there is only a single lesion, even in an adult, and one application is nearly always sufficient. In certain selected cases I find the application of strips of lint soaked in a 1-1000 emulsion of acriflavine gives excellent results. The emulsion being oily softens and penetrates the crusts, so that their preliminary removal is not necessary.

Ultra-violet rays, generated from air-cooled or water-cooled quartz lamps are sometimes used in the treatment of impetigo. The mechanical details of the operation of these lamps are so simple that they are widely used not only by physicians, but by various breeds of quacks, in beauty-parlours, etc. There is a general impression that ultra-violet rays cannot do any harm, and all sorts of extravagant claims are made for what they can accomplish, particularly in dealing with skin diseases. Ultra-violet rays used without the addition of any other remedy will not cure impetigo, and impetigo may be cured with the methods described above, in my experience, quite as quickly and easily without the addition of the rays as with them. Ultra-violet rays are a valuable remedial agent in many diseases, when properly applied by a physician who thoroughly understands the nature of the condition which he is treating. Improperly used, as they sometimes are in impetigo, they often depress the vitality of the surrounding skin just as mercury does, and I have recently seen several cases in which the disease has been aggravated and spread by this method.

Ringworm is a disease which is caused by a fungus which is parasitic on the skin just as some other varieties of fungus are parasitic on plants. There are many varieties of the disease. One which is most commonly

seen upon the feet and hands and usually diagnosed as eczema does not at all resemble the disease commonly recognized by laity as well as nurses and physicians as ringworm. The ordinary ringworm of the face, body and limbs is in most cases easily cured. Scrubbing once or twice daily with warm water and soap, followed by painting with tincture of iodine, is usually sufficient to eradicate it in a few days. Many people resort at once to Churchill's iodine because it is stronger. It is doubtful if any case which will not yield to the ordinary tincture will be cured by Churchill's. In some cases where the infection has become more deep-seated, iodine is used in the form of an ointment which will penetrate better than the tincture. The less common form of what is popularly known as "barber's itch" is due to a ringworm fungus, and is often very difficult to cure with local remedies alone. Whether a mercurial preparation or iodine is used, an essential part of the treatment in this form is careful opening of every pustule and extraction of the hairs from the infected spots. The hairs whose roots are infected will be easily lifted out with epilation forceps. Ringworm of the scalp as usually seen in children is a serious matter. If untreated or improperly treated it may last for years, producing disfigurement by the patchy appearance of the scalp, and one child in a school or institution may pass the disease on to hundreds of others. At the outset, when there may be only one or two patches visible, application of an iodine ointment, such as a 10% solution of iodine crystals in goose-grease, or white precipitate ointment, may be successful. But if the disease continues to spread such treatment should be stopped. Tincture of iodine is useless. When such remedies are used the scalp must first be closely clipped, and the hair carefully collected and burned. The scalp must then be shampooed with soap and warm water daily, followed by sponging with a bichloride solution of from 1-5000 to 1-3000 according to the age of the patient. Following this the ointment should be rubbed vigorously



into the affected patches. If the iodine in goose-grease is used it may cause suppuration after a few days, when its use may be suspended temporarily, only the bichloride being used. All hairs that can be removed with ease should be taken out. The child should wear a light cotton skull-cap during the night, and a cap or hat with removable washable lining by day. The skull-cap and linings should be washed and boiled daily.

It cannot be over-emphasized, particularly regarding children in schools or institutions, or where there are other children in the family, that if the disease spreads while local remedies are being used, this treatment must be discontinued and the hair completely removed from the scalp. This may be done by the internal administration of a drug called thallium, but this work is still in the experimental stage, and not all its possible dangers are yet known. The only safe method in common use at present is by the use of x-rays.

With modern apparatus an experienced operator can adjust the dose of x-rays so accurately that the hair will fall out completely, but will grow again. Under such conditions the danger of permanent loss of hair is negligible. The dose is not sufficiently penetrating to injure the skull or the brain of the child, and this danger is not to be feared. It is important that no irritating chemicals be used upon the scalp for some days before or after the x-ray exposure is made, as they may intensify the effect of the rays on the skin and cause a burn. So if a child who has had iodine, tar or mercurial ointment, etc., on the scalp is to be x-rayed, we must wait for several days, using nothing upon the scalp but soap and water and bichloride lotion. These are continued after the raying also. For a short time after the raying, from 24 hours to a few days, the child may be slightly "out-of-sorts". Peevishness, disturbed sleep on the first night, loss of appetite and listlessness are the common symptoms. About 14 days after the exposure the hair begins to fall from all over the scalp. In anticipation of this the application of a weak white precipitate ointment after the

daily shampoo and bichloride sponging may be commenced about the 12th day. This keeps the loosened hairs from leaving the scalp and being spread around until they are washed off, and thereby lessens the spread of the infection. The fall is complete in about 21 days, only a few odd hairs remaining which have escaped the full force of the rays. The hair commences to reappear as fine colourless down in from five to eight weeks, and gets darker and coarser as it gets longer.

Ringworm of the beard is best treated by x-rays also. In both diseases the reason for removing the hair is that the fungus is growing, not on the surface of the skin, but on the roots of the hairs. The depth of the hair-follicle is a difficult place to reach with local applications, but if the hair is removed the fungus comes with it. Remove all the hairs at one fell swoop and the disease is removed thereby. For this reason it is obvious that in such a condition ultra-violet rays are useless. Their power of penetration is too slight to reach the seat of the disease, even if they are able, which is doubtful, to completely destroy the fungus when it is exposed to them. Still more futile is it to turn the ultra-violet rays on the head covered by an ordinary growth of hair, as I have seen done. The rays will not reach the scalp itself, still less damage the fungus in the follicles.

In scabies, or "the itch," we have to deal with another parasite, the minute itch-mite. This little pest burrows along beneath the surface of the skin. Reproduction occurs at the extremity of the small blind tunnel, and the young animals being nocturnal by habit, sally forth on the skin at night, only to dig themselves in again and repeat the process. Parts of the body where the skin is thinnest and most delicate furnish the most favourable ground for these operations. In connection with treatment, therefore, it is important to know that these sites are as follows: the inner sides of and the webs between the fingers, the front of the wrists and forearms, about the elbows, the armpits, under the breasts and about the nipples, the lower abdomen, the "small of the

back," buttocks, external genitals and inner side of the thighs. All parts of the body may be affected, however, except the face and feet. Nursing infants may sometimes have the face infected from the mother's breast, and occasionally one sees small children with infection of the feet.

Sulphur in an ointment, either alone or in combination with such drugs as Balsam of Peru or beta naphthol is the universal remedy for scabies. The chief error in its use, most commonly committed by the laity and druggists, is to use it too strong. A favourite home remedy is a mixture of equal parts of sulphur and lard, and ointments of 25% strength are commonly seen. Ten per cent sulphur ointment is quite strong enough. The stronger preparations will undoubtedly cure scabies, and that they do so very frequently without causing any trouble is a tribute to the endurance of the human hide. But very often I meet a patient who tells me he has the itch, and although he has used sulphur ointment for days or weeks, he is still itching. Examination discloses that whether he had or had not the itch, and although he is still scratching, the cause of it is not the itch-mite, but sulphur which he has been using too strong or too long, or both. This brings us to the second common error, which is keeping up the use of the ointment too long, even when it is not too strong. When a patient properly applies the ointment in correct strength he usually experiences moderate relief for the first one or two nights. Then he seems to be itching a little more. Naturally he concludes that he needs more ointment. But now he finds that the longer he uses it the more he itches. All the patient needs in either case is to discontinue the ointment, and use some simple cooling lotion, such as calamine, and he will soon be comfortable.

Sulphur is so efficient in this disease that it is often successful, no matter how carelessly it is used. But it sometimes fails, or the disease recurs through failure to take steps against reinfection from clothing. It is not the correct procedure to take a nightly hot bath followed by the ointment, nor

is it necessary or desirable to change the underclothing daily. On the first night a complete hot bath should be taken, using tincture of green soap, and friction with a rough wash-cloth or flesh-brush, especially on the parts named above. The ointment is then rubbed in from neck to heels, with particular attention to the special regions. Underclothing, hosiery, night-clothing, sheets and pillow-cases used by the patient must be washed and boiled before using again, and replaced in the meantime with preferably the oldest and poorest the patient owns. This clothing is not to be changed until the sixth night. On the second, third and fourth nights the ointment is applied as before, but no bath taken. On the fifth night there is no ointment or bath. On the sixth night the patient bathes and changes. His discarded clothing must be washed and boiled before being used again. He can usually then be pronounced cured. More or less itching may occur after the fourth night and persist, but this must not be considered as calling for more ointment. A cooling lotion for a few days, as mentioned above, is generally sufficient. A return to the ointment is not to be thought of until this has been continued for a week at least without any relief whatever, and fresh signs of scabies are found.

It should be remarked that there is now a preparation sold which claims to be effectual in a single application. This obviously is a great advantage, and doubtless many cases are cured by it. I have not used it, but have treated several cases on which it had been used not one but several nights, and which were not cured. The details regarding bath, change of clothing, etc., as described above would apply in the use of this ointment.

In concluding I should like to impress upon you the one thought above others, that in the treatment of skin diseases at least, the manner in which a remedy is used is almost as important as the choice of the remedy itself. A comparatively weak application used with understanding may be far more effectual than the best remedy which can be devised when used unintelligently.



## Department of Public Health Nursing

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### *Teaching Public Health to Groups of Mothers*

By FLORA F. STEWART, Child Welfare Association, Montreal.

The Child Welfare Association of Montreal has been experimenting with this type of teaching for the last three years with such success that it is each year occupying a more important place in the programme of this organization. While we realize this method of instruction can never supplant the home visit nor the necessity of bringing the child to the health centre, nevertheless we feel that many visits can be spared and that certain types of teaching can be better accomplished by group instruction than by either home visit or conference.

The home visit provides an opportunity for a personal contact between nurse and mother, allowing the nurse to see the home conditions, to estimate what the mother can accomplish, to give routine advice, and to make any special demonstrations that may be necessary. In this way she secures the mother's confidence and lays the foundation for the health work in that home. Frequently these visits are unsatisfactory through no fault of the nurse. Mothers are very busy people; the children or husband may be coming home for a meal, cooking or cleaning may be in progress, visitors may be present, or many things may be happening to distract the mother and largely nullify the effect of the visit. Of course if the mother is out the visit is a total loss of the nurse's time in going to the home and returning.

The health centre provides an opportunity for the parent to have the baby weighed and to see the doctor who directs the feeding, detects and prevents physical defects and gives advice about the child's

care. The great weakness of the conference lies in its size. The crowd of mothers and children keeps the place in a tumult and the short time allowed for teaching the excited mother results in her retaining very little of what she is told by either nurse or physician. While home visiting and routine supervision at the Health Centres have worked fairly well in reducing infant mortality they have failed seriously in solving the parents' problems arising in the early years of the child's life. These problems vary to a certain extent, depending on the environment of the individual child, yet there are certain general and fundamental principles of child development which a nurse is constantly meeting and seldom has the time to explain to mothers individually. She rarely gets a close enough contact with the mother to find out what these problems are. Frequently the mother does not know that anything can be done to help her as she has attributed the undesirable developments to heredity and has tried to resign herself to the fact.

The following report of group work is given in some detail to show how a wide variety of problems in public health teaching may be handled. We have found that this not only teaches the mother but also makes her study her child and do some thinking herself rather than throw the responsibility on the nurse and physician of the centre. We have based this report on a group selected from a health centre located in the foreign community of the city as we realize that there are increased difficulties with this group because of a language handicap.

From this health centre composed almost entirely of parents who had come from various parts of Europe, the staff nurse made a discriminating choice, she invited fifteen mothers who could speak and understand English and whose children were between the ages of one and six years. The nationalities represented by the group were: mothers, British, French, Russian, Polish and Greek; fathers, British, French, Polish, Greek and Chinese. Each mother had to bring her children to the group as she had no other place to leave them. The babies had to remain with the mothers, but the older children were cared for in an upper room which was well supplied with toys.

The first meeting was for organization and for an explanation of the purpose of the group. We told of other study classes held by our organization in various parts of the city, stressing the informality of the class and describing various methods of procedure. A choice of the following methods of conducting the group was given:

The Lecture Method, in which a speaker talks on a given subject.

The Talk and Discussion Method, in which a short talk by a specialist is followed by general discussion.

The Discussion Method only, in which the leader guides all discussion along a certain topic outline.

It seemed that the Talk and Discussion Method was most favoured, for "that will give us some ideas, and then we can ask questions." Other organization plans were carried out, the mothers voting one of their number president of the group and appointing another to take the attendance record. They decided it would help to make the group more sociable if they could have a cup of tea at the end of the meeting. The mothers agreed to supply this, collecting five cents from any who could afford to give.

The mechanics settled, it now became necessary to draw up a programme. Suggestions for subject matter were requested from the group. These were many and varied, but furnished a basis from which to build and showed the attitude of each mother present. A few of the suggestions were, in the mothers' own words: "My boy is always afraid," "My child does not sleep well, he is always waking up and getting out of bed during the night," "I would like to know what is the best way to teach a baby to be clean," "When should the teeth come?" "I want to know how to make my little girl behave," "My child wont eat vegetables," "My baby is always crying, he always has colic," "Does rubbing with olive oil prevent cold?"

A combination of two methods was selected for presentation. That of Talk and Question, and of Discussion, deciding that the introduction of a specialist in a certain field would broaden the outlook of the mother and interest the specialist in the group. One week the specialist would talk for fifteen to twenty minutes, and the mothers would ask questions. The next week the topic would be discussed. Since the group was composed of young mothers with young babies we decided to build the programme for talk and discussion around "Habit formation for the first six years."

This involved the treatment of the physical aspects of growth and development in relation to mental and emotional development: physical habit formation, habits of elimination, feeding habits, parental attitudes, and the influence of fear and other emotions in relation to the needs of the child in this period. This was mapped out in outline and twelve weeks including organization and closing were planned. The book "Wholesome Childhood," by E. R. Groves, was shown to the group and a short review given, and it was



offered to any mother who would like it. One mother took it away and brought it back in two weeks with such a glowing report that during the twelve weeks eight mothers borrowed it and read it.

At the first meeting for study, it was decided to begin each class with fifteen minutes' discussion of any problem that a mother had met during the week, so that we could give some actual help to each person. We did not promise to find a solution but we did promise to give the best advice we could. At first this period was hailed with delight, but soon the mothers saw that the principles applied to the topic were applicable to this specific problem also, and this procedure fell by the wayside. The list of some of the problems for the first fifteen minutes was nearly a repetition of those given for topic material but immediate help and advice was eagerly accepted. Afterwards, when the discussion centered round habit formation, good and bad, or around new development, we could refer to these concrete examples already mentioned. Some of these were: "My little girl of two and one-half years tells terrible lies, when she breaks anything she blames it on 'Willy' who only lives in her imagination;" "My child wakes up at night, climbs into my bed and keeps the others awake;" "My boy of three years is afraid of the dark;" "My baby cries all the time, he has colic."

Since one of the purposes of the group class is to encourage an open minded searching attitude and to interest the parents in studying and observing their children, each mother was asked to bring to each meeting an illustration in writing of something new the baby or child had accomplished during the week. This was a very interesting part of the programme. The leader, as a member of the group, brought such an illustration each week, as an example of what was wanted. For

three weeks no one else brought anything, but were interested in the leader's reports. Then, as writing is difficult for some of the group, we were glad to receive verbal observations. Another three weeks and some written observations came in. After that new developments were reported enthusiastically each week, and it was interesting to note the growth of these observations and how they could be reconciled with some part of the talk of the previous week.

The first subject, "Early Habit Formation," given by the leader, introduced "Natal Abilities and Early Learning." Natal abilities brought a question from the group: "If baby has to learn how to breathe after birth, and you say he is alive from the beginning (conception) how does he breathe before he is born?" This gave an opportunity for an explanation of a developing foetus, and for giving some pre-natal principles. The explanation of early nursing, digesting and eliminating, brought a discussion of establishing lactation. This involved a question, "What can you do for cracked or small nipples?" "Establishing a Routine" disclosed the need for various schedules for homes where the husband worked late and the mother herself had to go out working during the day.

Steps in physical development and the accompanying social and mental development were next discussed. One baby in the group having reached the stage when he could lift his head up and gaze around, served as an illustration and proved a stimulus to the other mothers, who gave descriptions of abilities they had noted in other infants at various ages. The co-ordination of random movements, feeling, pulling, grasping, reaching, showed the need of allowing for growth and development by providing proper clothing, opportunities for exercise and toys that would possibly help.

Social development in the early months brought a discussion of Dr. J. B. Watson's article in McCall's Magazine of December, 1927, which had evidently been read by several of the group (and fortunately by the leader). The mothers were puzzled and had the impression that Dr. Watson did not encourage any outward expression of maternal love. "Not kissing a baby's hurts" seemed to them a dreadful omission. When we explained that it was the extreme attitude that was advised against, they were all ready to agree, and two instances of making "sissy boys" and "spoiled petted girls" were given.

"Hygiene and Physical Habit Formation" was the next topic given by a specialist in child health. Considering the group, we asked all speakers to allow us to ask questions as the talk proceeded, because often if we waited to the end, we had forgotten the question and so lost a good point. The general outline of this subject was the importance of environment, a résumé of physical development. Several bad habits and how to avoid them. Introduction of new foods. Stopping of night feeding. Advisability of and need for immunization. Some of the questions asked by the mothers during the talk were: "What particular good is Cod Liver Oil?" "Does not boiled milk make babies constipated?" "What 'Little Hints' can you give to prevent decayed teeth in small children?" "If a baby is constipated how can I start a regular habit?" This discussion introduced the following subjects: Prevention of rickets, various methods of elimination control, milk pasteurization, immunization. Explanation and emphasis was given to the prevention of diphtheria, scarlet fever and small-pox.

The Nutritionist of the Child Welfare Association was our next specialist. "Formation of Early Habits" was her subject. Starting with natal

ability to suck and following through till the child was able to use its knife and fork, she explained the process of learning to nurse and the early difficulties; the introduction of new food at five months and the need for patience on the part of the mother; the gradual new process to be learned in the change from sucking fluids to manipulating semi-solids and then chewing solids; and new tastes to be acquired. This discussion involved: cooking cereals, the use and administration of cod liver oil and orange juice, methods in cooking vegetables, different sugars and their indications, economical and nutritional; diets suggested and some recipes given. Some of the questions asked were: "If I give my baby water from a bottle does that spoil the habit of nursing?" "I give my baby milk in the morning, but she does not want her breakfast after that, should I stop that early milk?" "If my boy sees the dessert he just won't eat his meat and vegetables, and when I force him he won't eat anything at all."

Eating difficulties formed the rest of the discussion. To find the attitude of the mothers on this subject we asked each to tell us her procedure when this difficulty arose. Forcing, pleading, coaxing, threatening, punishing, form the list of methods used. The effect on the digestive system of various emotions was explained here, and anger, fear, worry, desire for attention, were discussed. Methods suggested to overcome these difficulties were: serving food attractively in small quantities, making meal time pleasant, avoiding dawdling and too much attention.

The Medical Director of the Child Welfare Association next spoke to this group on "The attitude of parents to children." He emphasized the "big job" of parenthood, showing its difficulties on account of lack of training on the part of the parents. The responsibility of



parents for environment; the various types of parents and the difficulties they meet; for example, the unfortunate parent who has to live with the older generation; the wobbly parent who is inconsistent; the ambitious one who expects too much from the child; the serving parent, who will not allow the child to do anything himself; the fearful parent, who instills fears in the child and prevents his normal development.

Discussion centered around the "Wobbly Parent." All recognized the picture and decided this was frequently the source of their troubles. The excuse given for this attitude was: "We are so tired and irritated some days, and anyway when there is company, or even others living in the house, you can't let a baby pull everything down." This led to a discussion of furnishings of a house in which there is a toddler learning to walk. We emphasized the curiosity of a child who can now take himself around instead of depending on help. He now reaches for things which often have been given to him while in his mother's arms. Instead of being able to take them he is stopped by "don't," "you mustn't" and what once was a readily given plaything is now forbidden.

"What one can expect from a two year old" was clearly described by the Director of the McGill Nursery School. She explained the work of the nursery school, showed the benefit of having furniture of child size—to give the child the satisfaction of possession and self-expression. Discussion on "How can we do these things in our own home" was eagerly entered into. Methods and substitutes were suggested, e.g., small tables are easily made by handy husbands; orange boxes placed in any convenient space covered with cretonne, make splendid cupboards for toys; dishes for his or her own

use; a few pegs placed low down in the adult clothes cupboard, at a height easily reached by the child provides an opportunity for teaching orderly habits; simple inexpensive toys for outdoor play, including sandbox, spoons and buckets. These suggestions were of considerable practical importance as 50 per cent. of these families live in one room.

Twelve meetings were held, one each week. Twelve mothers registered, and an average attendance of eleven was recorded. All seemed intensely interested, trying out some suggestions and bringing some incident as a result.

At the close of the series the mothers had a little party. This they conducted themselves. They had the invitations printed by one of the handy husbands, calling themselves the Young Mothers' Club, and sent one to each speaker. During the afternoon one of the members of the group made an interesting speech, which showed retention of a great deal of the subject matter discussed, and the sincere appreciation of the entire group for the many benefits received.

### *Conclusion*

Group teaching is a valuable method of teaching health to mothers. The class enables mothers to gather together away from home distraction, it provides an opportunity for them to meet the other parents, to exchange ideas, to ask questions and share knowledge which they have gained through their experience with children.

Discussion often brings to light the reason for many difficulties mothers had not recognized as such. It enables the nurse to give 15 to 25 mothers in one afternoon each week fundamental principles which would otherwise mean 15 to 25 visits. It encourages an open minded attitude and arouses a community spirit among the members of the group.

## News Notes

### ALBERTA

**CALGARY ASSOCIATION OF GRADUATE NURSES:** The annual meeting of the association was held on September 18th.

Miss Thelma Williams, Holy Cross Hospital, Calgary, has accepted the position of instructress at St. Paul's Hospital, Saskatoon.

Miss D. Williams has accepted the position of public health nurse on the Indian Reserve, Morley, Alta.

On the evening of August 21st the C.A. G.N. was delightfully entertained by Miss H. Aske, superintendent of the V.O.N. in Calgary and her staff, the evening being spent in playing bridge.

**MEDICINE HAT GRADUATE NURSES ASSOCIATION:** Among those who have been holidaying recently may be mentioned Miss Auger, Mrs. H. Dixon, Mrs. F. W. Gershaw, Mrs. Vernon Hucyke, Miss Bowman, Miss Florence Smith, Mrs. C. Anderson, Mrs. D. M. Smith and Miss Nash.

Miss MacRae, of the Montreal General Hospital, has joined the staff of Medicine Hat General Hospital.

The deepest sympathy of the Association is extended to Miss Davidson in the death of her mother, and to Mrs. J. Keohane in the loss of her young son.

### BRITISH COLUMBIA

**VANCOUVER GENERAL HOSPITAL:** The first Alumnae meeting of the season was held on September 4th, in the New Home Miss Timmins presiding. The chief item of interest was the very full and interesting report of the Biennial Convention held in Winnipeg this summer, given by Miss K. Ellis, first vice-president of the Canadian Nurses Association, who represented the Alumnae at the convention. Miss Ellis reports very inspiring meetings and discussions, also a very splendid social programme arranged by the Winnipeg members. Great interest is being displayed in the planning of arrangements for the International Congress to be held in Montreal next year.

Miss Margaret Kerr, B.A.Sc. (Nursing) R.N. (Vancouver General Hospital Training School for Nurses and the University of British Columbia, 1925), who has been engaged in school nursing in Nanaimo, B.C., for the past two years, is leaving this month for New York, where she will attend Columbia University. Miss Kerr has been awarded a Rockefeller Fellowship for Post Graduate work, and will study for her Master's Degree in nursing.

**VANCOUVER:** Miss Marion Wismer has been granted leave of absence from the V.O.N. in order to take a course in public health nursing at the University of British Columbia.

**NORTH VANCOUVER:** Miss Elizabeth Lowther has resigned from the staff of the V.O.N. in order to accept the position of school nurse in North Vancouver.

### MANITOBA

**WINNIPEG:** Miss Winnifred Dawson (Winnipeg General Hospital, 1914, and of the University of Toronto) is visiting in Winnipeg for a few weeks, after six years of public health service in Rio de Janeiro. Miss Dawson served overseas, and was on the staff of Tuxedo Military Hospital for some time after her return. Later she formed one of a group of seven nurses sent out to found a nurses' training school and teach public health nursing in Brazil, under an arrangement between the Brazilian Government and the Rockefeller Foundation.

Mrs. Sheridan Miller (nee Bertha Bloy, Winnipeg Children's Hospital, 1922), with her husband and son, has just returned from a trip to Europe, and is visiting her sister in Toronto.

Miss Elma McKelvey (Hamilton General Hospital), has been appointed to the staff of the Victorian Order in Winnipeg.

Miss Agnes Baird sailed on September 6th for China, having accepted a position as supervisor on the staff of the Peking Union Medical College. Miss Baird is a graduate of the Presbyterian Hospital School for Nurses, New York, N.Y., and was for some time superintendent of the Winnipeg Branch of the Victorian Order of Nurses. Her many friends in Winnipeg and elsewhere wish her success and happiness in her new work.

### NEW BRUNSWICK

**SAINT JOHN:** The private duty nurses of the General Public Hospital gave a most enjoyable theatre party in honour of Miss Helen Merritt, of Mt. Dora, Florida, visiting in the city. They also gave a birthday party recently in honour of Miss Eva B. L. Smith.

Recent visitors to Saint John include: Miss Vera Breen, of the Deacon Hospital, Boston; Miss Hazel Latimer, of the V.O.N., Ottawa; Mrs. Sampson (Bess Britain, General Public Hospital). Misses Eva Craig and Mary Murdock, of the Citizens General Hospital, New Kensington, Pa., have also been spending a vacation in the province.

The staff of the General Public Hospital held an enjoyable picnic recently at the summer home of Dr. A. C. Macauley.

**MONCTON:** Miss Ida Bull and Miss Jennie Davidson have resigned from the staff of the V.O.N. in Moncton. Miss Florence Laite (McGill University) is in charge of the district, with Miss Sybil Everitt, who is being transferred from Cornwall, as second nurse.



## NOVA SCOTIA

HALIFAX: Among those who have recently returned from vacation may be mentioned, Miss Mary F. Campbell (matron, V.O.N., Halifax); Miss V. Bengtson (superintendent, Westwood Hospital, Wolfville); Miss A. Innes (Victoria General Hospital); Mrs. C. H. Logan; Miss Gladys Strum (superintendent, Victoria General Hospital); and Miss Sarah Archard, of the same hospital.

Miss C. M. Graham has returned to Halifax, after a very active summer at Rainbow Haven.

A short memorial service was held at King's Memorial Hospital, Berwick, on August 26th, when the memorial tablet was decorated by returned soldiers of Kings County.

## ONTARIO

Paid-up subscriptions to "The Canadian Nurse" for Ontario in September, 1928, were 1,144, 6 more than previous month.

## APPOINTMENTS

Miss Chute has been appointed second assistant superintendent and practical demonstrator at the Brantford General Hospital. Miss Chute is a graduate of the Royal Victoria Hospital, Montreal, and holds a diploma in nursing education from McGill University.

Miss Mary E. Ross (Hamilton General Hospital), to the staff of the V.O.N. in Hamilton.

Miss Reta Sutcliffe, assistant superintendent, V.O.N. Ottawa District, appointed assistant superintendent, Alexandra Hospital, Montreal.

Miss Dell McGregor (Winnipeg General Hospital), assistant superintendent, V.O.N., Ottawa District.

Miss Kathleen McNamara (University of Toronto), to the Toronto staff, V.O.N.

Miss Lauretta Hurtuboise, to the staff of the V.O.N. at Sudbury, to succeed Miss Irene Piche.

BRANTFORD GENERAL HOSPITAL: The regular monthly meeting of the Alumnae Association was held in the Nurses Residence on September 4th. After transaction of the usual business a musical programme was enjoyed, and refreshments served.

A garden party under the auspices of the nurses in training was held on August 29th, in the hospital grounds, and proved a great success.

Miss Helen Potts was the delegate from Brantford to the general meeting of the Canadian Nurses Association, 1928, held at Winnipeg.

The Misses Potts, Charnley, Arnold and Muir, of the staff of the Brantford General Hospital, attended the short course held at Victoria Hospital, London, Ont., conducted by Doctors Dearness and Grant.

A happy event took place recently at the Nurses Home, when Miss Wilson, who is leaving the institution to take a teachers' course in nurse education at the University of Toronto, was made the recipient of useful

gifts. A motor trip and tea party in Miss Wilson's honour brought a pleasant evening to a close.

Miss Ray Isaac (1924), has left for Hong Kong, China, where she will work as a medical missionary.

A link with the past has been broken by the death on July 30th of Miss Minnie Ford, the well known and much loved superintendent of Brantford General Hospital, 1915-1924. Her resignation was a matter of regret, tempered by the fact that she kept in touch with her nurses right up to the end. Much sympathy is felt for her many friends, for her death will leave a gap in many lives which will be difficult to fill.

The friends of Miss E. Birkett (1925), will regret to hear that she has been the victim of a motor accident, which will confine her to bed at the Paris Hospital for a few weeks.

NORTH BAY: Miss Rhoda Campbell has resigned her position as nurse-in-charge of North Bay District, V.O.N., in order to take the public health nursing course at the University of Toronto.

PEMBROKE: Miss Archange Labelle has resigned from the staff of the V.O.N.

## TORONTO

GRACE HOSPITAL: Miss Elsie Ogilvie, who spent last year at McGill University, Montreal, is acting superintendent of Grace Hospital in the absence of Miss Rowan, who is recuperating after her recent operation.

Miss A. Bell attended the General Meeting, C.N.A., 1928, in Winnipeg, as a delegate from the Alumnae.

WESTERN HOSPITAL: At the 1928 Graduation Exercises, scholarships and prizes were awarded as follows:

Scholarship for one year's Post Graduate work in Teaching and Administration in Schools for Nurses, University of Toronto (awarded by the Alumnae Association) to Mary McCamus, of London, Ont.

SENIOR YEAR: Scholarship for one year's post graduate work, Department of Public Health Nursing, University of Toronto (given by the Board of Governors of the hospital), to Hazel I. Atkinson, of Tottenham, Ont. The H. A. Beatty Scholarship, for one year's post graduate work in teaching and administration in schools of nurses, University of Toronto, to Annie Wells, of Bracebridge, Ont., who also won Dr. John Ferguson's prize, presented to the winner of the highest total marks throughout the three years' course; the F. R. Scott Scholarship, for operating room technique and the John Medland Prize for highest standing in practical work, to Doris E. Stinson, of Trail, B.C. The Mrs. Alex. Fasken Prize, for proficiency in bedside nursing, to Lulu E. Sargent, of Peterborough, Ont. The Noel Marshall Memorial Prize, for first general efficiency, to Isabel E. Buckley, of Toronto. The John Vokes Prize, for second general proficiency, to Myrtle B. Hamilton and Flora M. Lamont, the latter also winning the Dr. Gordon Copeland Prize for practical

work in obstetrics. The Thomas Findley Prize (given by Thomas Bradshaw), for second highest standing in practical work, to Mabel E. Coutts, Toronto. Gold Medal (given by the Ladies Board), for general proficiency in obstetrics, to Irene Andrews, of Pembroke, Ont.

**INTERMEDIATE YEAR:** Prize for first general proficiency (given by Alderman H. W. Hunt) and the Dr. R. D. Lane Prize, for proficiency in bedside nursing to Jean Grant Smith, of Orillia, Ont. The A. C. Galbraith Prize for second general proficiency, to Katherine M. Coles, New Wiltshire, P.E.I.

Miss Marion Daly (Toronto Western Hospital, 1924), sailed from New York early in August to spend three months in Europe.

### QUEBEC

**MONTREAL: ALUMNAE ASSOCIATION WESTERN HOSPITAL.** Miss Verna Kerr is this year a pupil at the School for Graduate Nurses, McGill University.

Miss Ruby Kett has resigned her position as private ward supervisor, Western Division of the Montreal General Hospital.

Miss J. Craig, who spent her vacation in England, and Miss B. Dyer have returned to Montreal.

Miss Mary Sharpe, who has been doing private duty nursing in the United States has returned to Montreal.

The sincere sympathy of the Alumnae Association is extended to Miss Margaret Tyrell in the loss of her mother, and to Mrs. Frank Murphy (Anne Scullin, 1923), who has also lost her mother.

**ALUMNAE ASSOCIATION HOMEOPATHIC HOSPITAL:** Friends of Miss D. W. Miller will be pleased to know that she has made an excellent recovery from her recent major operation.

Miss I. Garrick and Miss H. Ellacott are both convalescing from recent operations.

Miss Doris Smith (1923) has accepted an appointment to the staff.

Miss B. Rutherford is doing private nursing, and will accompany her patient to the South of France for the winter months.

Miss M. O. Berry left recently for a trip to Europe.

**QUEBEC: JEFFERY HALE'S HOSPITAL.** The members of the Alumnae extend their deep sympathy to Mrs. S. B. Baptist (nee Annie

L. Savard) and to Miss Ellen M. Savard in the death of their father.

Miss Mae Lunam (1921) has been appointed assistant superintendent of the Jeffery Hale Hospital, the former assistant superintendent having resigned to be married.

**SHERBROOKE HOSPITAL:** The following have returned from vacations: Miss Helen Buck (superintendent) and Mrs. George MacKinnon.

Deep regret is felt on all sides on the departure of Miss Grace Moffatt, who has been assistant superintendent of Sherbrooke Hospital for a number of years. Miss Moffatt has gone to St. Stephens, New Brunswick, to take up her duties as superintendent of the hospital there. Miss Jean Fenton, of St. John, New Brunswick, has succeeded Miss Moffatt. Miss Fenton graduated from Sherbrooke Hospital, with honours, several years ago. Since that time she has been on the staff of the St. Stephen's Hospital and the Royal Victoria Hospital, Montreal.

Miss Charland, of the Montreal General Hospital, has accepted the position of instructor, left vacant by Miss Chute.

Recently the Alumnae Association held a joint party at the Nurses Home for Miss Grace Moffatt, who was presented with a beautiful beaded purse, and Miss Betty Imrie, who is to be married shortly. Miss Imrie was presented with a dozen crystal goblets.

**CHILDREN'S MEMORIAL HOSPITAL:** Miss Winnifred Kirby (1926), has accepted the position of operating room supervisor in the Shriner's Hospital, Montreal.

Miss Ethel Hillyard (1924), was the representative of the Association at the Biennial Convention C.N.A., held in Winnipeg in July.

Miss Anna MacFarland (1928), is taking the course in Public Health Nursing at the School for Graduate Nurses, McGill University.

Miss Jean C. Bancroft (1927), has accepted the position of assistant superintendent of The Children's Memorial Hospital.

Among those who have been away holidaying recently may be mentioned Miss Mabel Wight (supervisor, Infant's Ward), Miss V. Ford (1928), and Miss Isobel Stewart (1927), who spent the past two months in Scotland.

### AGAIN UNITED

Many of our readers will be interested to learn that the business office of "The American Journal of Nursing" was moved on September 1st, 1928, from its home at 19 West Main Street, Rochester, N.Y., to headquarters, American Nurses Association, 370 Seventh Ave., New York. Shortly after headquarters was first established the editorial office of the Journal was transferred from Rochester to national headquarters. It is hoped that Miss Katherine DeWitt, the well known and highly esteemed business

manager of the Journal for many years, may find her new surroundings as congenial as it is well known they have been in Rochester.

### MISS NINA GAGE

Miss Nina Gage, president of the International Council of Nurses, and since April, 1927, educational director of the School of Nursing, Willard Parker Hospital, New York City, has recently been appointed for one year executive secretary of the National League on Nursing Education, with headquarters at 370 Seventh Ave., New York.



## BIRTHS, MARRIAGES AND DEATHS

## BIRTHS

- CRAWFORD**—On September 2nd, 1928, at Westlock, Alberta, to Dr. and Mrs. A. M. Crawford (Kathleen Maddocks, Children's Memorial Hospital, Montreal, 1922), a daughter.
- ELLIS**—On August 25th, 1928, to Mr. and Mrs. Harvey Ellis (Muriel Purdy, General Public Hospital, Saint John, 1925), a daughter.
- NESBIT**—In June, 1928, at Toronto, to Dr. and Mrs. James Nesbit (Jean Watson, Toronto Western Hospital, 1923), a son.
- McINTOSH**—On June 27th, 1928, at New Westminster, to Mr. and Mrs. J. McIntosh (Pat Fryer, Royal Columbian Hospital, 1921), a daughter (Patricia May).
- PHILLIPS**—On July 13th, 1928, to Mr. and Mrs. Reg. Phillips (Geneive Weiler, Brantford General Hospital, 1925), a daughter.
- ROWELL**—Recently, at Montreal, to Mr. and Mrs. E. Rowell (Phyllis Monks, Children's Memorial Hospital, Montreal, 1926), a son.
- RUMP**—On June 22nd, 1928, at New Westminster, to Mr. and Mrs. H. Rump (Dora Hine, Royal Columbian Hospital, 1917), a daughter (Beverley Joan).
- SLOCOMBE**—In June, 1928, at Sheldrake, Ont., to Dr. and Mrs. Slocombe (Ida Mains, Toronto Western Hospital, 1923), a daughter.
- STAPLES**—On August 10th, 1928, to Mr. and Mrs. Staples (Ella Spargo, Grace Hospital, Toronto, 1921), a daughter (Margaret Joan).
- STOCKLEY**—On July 21st, 1928, at the Peking Union Medical College Hospital, China, to Dr. and Mrs. Handley G. Stockley (Jean McC. Menzies, Toronto General Hospital, a son (David James).
- WOOD**—In July, 1928, at Toronto, to Dr. and Mrs. James Wood (Isabel Shortreed, Toronto Western Hospital, 1916), a daughter.
- WRIGHT**—On July 23rd, 1928, to Mr. and Mrs. W. Wright (Hattie Miell, Grace Hospital, Toronto, 1921), a daughter (Jean Elizabeth).
- CARLSON—BISHOP**—On August 1st, 1928, Viola Mary Bishop (Royal Columbian Hospital, New Westminster, 1925) to Louis A. Carlson, of Oakland, California.
- CHOATE—LUNN**—On September 6th, 1928, at Calgary, Alta., Kate Lunn (Calgary General Hospital, 1923) to Charles Allan Choate.
- FLOOD—TIPPER**—In August, 1928, Doris E. Tipper (Ottawa Civic Hospital, 1927) to Walter Flood, of Ottawa.
- GARTSIDE—McDONALD**—On June 27th, 1928, Margaret S. McDonald (Royal Columbian Hospital, New Westminster, 1924) to Jack Gartside, of New Westminster.
- HARLAND—SPEARS**—On June 11th, at Meaford, Ont., Dorothy Alyse Spears (Oshawa General Hospital, 1926) to Harvey Wallace Harland, of Oshawa.
- HAY—PETERSON**—On August 11th, 1928, at Toronto, Margaret Bessie Peterson to John Carter Hay.
- HEFFERMAN—DEVENUE**—On August 27th, 1928, at Halifax, Winnifred Alberta Devenue, of Amherst, N.S., to Frank Percy Hefferman, of Springhill, N.S.
- HERRETT—CAMERON**—On July 30th, 1928, at New Glasgow, Helen Rebecca Cameron, of New Glasgow, N.S., to Leo Borden Herrett, of Springhill, N.S.
- JOHNSON—PETERS**—On July 24th, 1928, at Bradbury, Ont., Margaret Bell Peters (Oshawa General Hospital, 1927) to John Vernon Johnson, of Oshawa.
- LUNDY—STRINGER**—On August 11th, 1928, at Port Dover, Ont., Genevieve Corinne Stringer (Toronto General Hospital) to Allan B. Lundy, of Detroit, Mich.
- MARTIN—DAVIDSON**—On June 26th, 1928, Marion Davidson (Children's Memorial Hospital, Montreal, 1924) to Francis C. Martin. At Home—Montreal.
- MacGILLIVRAY — NICHOLSON** — On July 24th, 1928, at North Sydney, Nova Scotia, Sylvia Viola Nicholson to Lovell Lewis MacGillivray, of Sydney.
- McKENZIE—HOWELL**—On June 30th, 1928, at Brantford, Ont., May Howell (Brantford General Hospital, 1926) to George McKenzie, of Brantford.
- MELANSON—PRIDEAU**—On August 29th, 1928, at Tracadie, N.S., Alvina Bertha Prideau (Halifax Infirmary) to Dr. Herbert Melanson.
- MICHAEL—McEWEN**—Recently, at Calgary, Alta., Rebecca McEwen (Medicine Hat General Hospital, 1926) to A. Michael.

## MARRIAGES

- BICKNELL—HUTCHINSON**—On March 10th, 1928, at Long Beach, California, Clara V. Hutchinson (Grace Hospital, Toronto, 1922) to A. C. Bicknell.
- CALLIGHAN—PAYNE**—In August, 1928, Hilda Pearl Payne (Ottawa Civic Hospital, 1927) to R. J. Callighan, of Toronto.

MOIR—WOODS — On June 12th, 1928, May Woods (Victoria Hospital, Prince Albert, 1918) to Conrad Moir, of Winnipeg, Man.

MORELAND—McELROY—On September 10th, 1928, at Ottawa, Margaret McElroy (Western Hospital, Montreal) to Robert Moreland, of Grand Mere, P.Q. At Home—Grand Mere.

SHEA—GUNN—On June 23rd, 1928, at Toronto, Edna Regis Gunn, of North Sydney, to Donald McKay Shea, of Hamilton, Ont.

SHERIDAN—WHEATLEY—Recently, at Calgary, Muriel Wheatley (Calgary General Hospital, 1925) to T. Sheridan.

SCRUTON—WAITE—On June 29th, 1928, Florence Waite (Brandon General Hos-

pital, 1925) to Murray Scruton, of Brantford.

STENSON—IMRIE—Recently, at Sherbrooke, P.Q., Miss Elizabeth (Betty) Imrie (Sherbrooke Hospital) to Oscar Stenson. At Home—Sherbrooke.

UNDERWOOD—BAKER—On June 9th, 1928, Kathleen Baker (Belleville General Hospital, 1924) to Henry A. Underwood, of Newark, New Jersey, U.S.A. At Home—Newark.

#### DEATHS

FORD—On July 30th, 1928, at the Brantford General Hospital, Miss Minnie Ford (Johns Hopkins Hospital, Baltimore, Md.), superintendent of the Brantford General Hospital, 1915-1924.

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*The following back numbers of THE CANADIAN NURSE are required:*

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#### REGISTRATION OF NURSES, PROVINCE OF ONTARIO, EXAMINATION ANNOUNCEMENT

An examination for the Registration of Nurses in the Province of Ontario will be held in November.

Application forms, information regarding subjects of examination, and general information relating thereto may be had upon written application to Miss A. M. Munn, Reg.N., Parliament Buildings, Toronto. No candidate will be considered for examination unless the completed application form, accompanied by the examination fee of \$5.00, is received by the Inspector before November 10th, 1928.

(Signed) A. M. MUNN, Reg.N.,  
Inspector of Training Schools.

#### THE CANADIAN NURSE

The official organ of the Canadian Nurses Association, owners, editors and managers. Published monthly at the National Office, Canadian Nurses Association, 511 Boyd Building, Winnipeg, Man.

Editor and Business Manager: JEAN S. WILSON, Reg.N.

Subscriptions \$2.00 a year; single copies 20 cents. Combined annual subscription with The American Journal of Nursing \$4.75. All cheques or money orders to be made payable to The Canadian Nurse. Changes of address should reach the office by the 20th of each month. In sending in changes of address, both the new and old address should be given. News items should be received at the office by the 12th of each month. Advertising rates and data furnished on request. All correspondence to be addressed to 511 Boyd Building, Winnipeg, Man.



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# The Canadian Nurse

A Monthly Journal for the Nurses of Canada

Published by the Canadian Nurses Association

Vol. XXIV.

WINNIPEG, MAN., NOVEMBER, 1928

No. 11

Registered at Ottawa, Canada, as second-class matter

Entered as second-class matter March 19th, 1905, at the Post Office, Buffalo, N.Y., under the Act of Congress, March 3rd, 1897

Editor and Business Manager:—

JEAN S. WILSON, Reg. N., 511 Boyd Building, Winnipeg, Man.

## NOVEMBER 1928

### CONTENTS

PAGE

THE NURSING OF TYPHOID FEVER	- - -	<i>Eileen C. Flanagan</i>	571
PROFESSIONAL DEVELOPMENT	- - -	<i>Florence H. M. Emory</i>	576
PEKING AND CHINA'S MEDICAL WORLD	- - -	<i>Kathryn Ross</i>	579
QUEBEC—GATEWAY OF THE DOMINION	- - -	- - -	583
RESPONSIBILITIES OF THE HOSPITAL DIETITIAN	- - -	<i>R. Creslock</i>	584
THE GRADUATE NURSES ASSOCIATION OF BRITISH COLUMBIA	- - -	- - -	587
DEPARTMENT OF NURSING EDUCATION:			
THE BUILDING OF A CURRICULUM	- - -	<i>Annie F. Lawrie</i>	589
TEACHERS' COURSE, UNIVERSITY OF TORONTO	- - -	<i>E. Kathleen Russell</i>	593
POST-GRADUATE COURSES IN MENTAL NURSING	- - -	<i>Dr. C. A. Baragar</i>	594
DEPARTMENT OF PRIVATE DUTY NURSING:			
TREATMENT OF PULMONARY TUBERCULOSIS	- - -	<i>Dr. L. C. Fallis</i>	595
DEPARTMENT OF PUBLIC HEALTH NURSING:			
SUPERVISION BY STAFF NURSES	- - -	<i>Isabel S. Manson</i>	598
MENTAL HYGIENE OF CHILDHOOD, A COURSE IN	- - -	<i>E. A. Boll</i>	600
CANADIAN PUBLIC HEALTH ASSOCIATION	- - -	- - -	602
NEWS NOTES	- - -	- - -	603
OFFICIAL DIRECTORY	- - -	- - -	611

# The Nursing of Typhoid Fever

By EILEEN C. FLANAGAN, Royal Victoria Hospital, Montreal

As a result of the fact that typhoid fever is rapidly becoming a rare disease in the greater part of the country, many of the nurses at present doing active duty have seen little or nothing of it. However, it will be some time before it is entirely eradicated, and it is necessary that every nurse should be in a position not only to look after a case of typhoid fever when confronted with it, but to be a factor in its prevention.

A definition of typhoid fever and an outline of its causes will remind us of its general features: "An acute general infection with the 'bacillus typhosus,' which is characterized especially by involvement of the lymphoid tissues, usually with marked hyperplasia and ulceration of the Peyer's patches and with enlargement of the spleen. Clinically the disease is characterized by continued leukopenia, relatively slow pulse, and a rose colored eruption occurring usually in crops over the abdomen."

Dr. A. H. Gordon, in his recent paper on typhoid fever, says regarding the prevention of the disease in a community, "Eternal vigilance is the price of safety." It is a preventable disease, and has two definite modes of infection: water, including ice; and milk, including ice cream, are the two main sources of the disease, but butter, cheese, shell fish, raw oysters, flies, dust, contact, and carriers may be added. Osler says that the amount of typhoid fever is an "index to the sanitary intelligence of a community." All nurses, therefore, whether actively carrying on their profession or not, have a definite duty in this respect.

There are certain well defined methods of procedure for caring for a person who has acquired the disease. First, isolation is necessary, and as this can in the majority of cases be better carried out in hospital, the patient should be sent there if possible. Many, however, cannot be given this opportunity, having to be looked after at home, and it is for the nurses caring for these patients that the present observations are intended. The purpose of isolation is to ensure quietness for the patient, with the minimum risk of infection for the others in the house.

The incubation period is from five to fourteen days, usually about ten days. Generally, the onset is marked by a dull headache, slight general aching, poor appetite, inability to carry on usual occupations without fatigue; drowsiness during the day, disturbed sleep at night. Epistaxis is a very common symptom. The typical temperature curve is a step-like rise for a week; a fairly constant level for the next ten or fourteen days, then a step-like fall to normal within ten days to two weeks. There are, of course, frequent exceptions. The pulse as a rule remains low, below 100, for the whole course; the blood pressure is low. About the end of the first week the rose spots appear on the abdomen, chest and back, lasting three to five days.

Quoting from Dr. Gordon: "We might compare an attack of pneumonia to a hundred yard dash, and a tbc. infection to a five mile run, and typhoid fever to one-quarter mile race which has to be run out at top speed all the way, with often the need for a sprint near the finish. The four



principles of defence necessary in the treatment are: (1) conservation of the patient's natural methods of defence, (2) elimination as far as possible of the poisoning agents, (3) reclamation or reconstruction of his damaged tissues, and (4) alleviation of his discomforts, which to him indicate the real presence of his malady: e.g., rest in bed accomplishes conservation and alleviation, and the administration of fluids will both alleviate and eliminate."

Choose the quietest and airiest room possible and compatible with water and drainage facilities. Strip it of unnecessary furniture and hangings during the time the patient is confined to bed. Extra things can be added when the convalescent stage is reached. If it is in summer arrange to have the windows and doors screened. Have, if at all possible, a single bed which can be raised to a convenient height. Cover the mattress with a blanket, then a rubber.

Other equipment necessary will be an ice bag, hot water bottle, bed-pan (urinal), enema can, an extra rubber, two sponges, a feeder, and a good disinfectant solution. Izal 1-20 solution left in the bed-pan for from one-half to one hour before the contents are emptied is recommended.

If the patient has long hair have it cut.

When there are two nurses there will be few difficulties, but if there is but one she must train someone in the family to take her place when off duty. This is important both for the patient and the other occupants of the house. The instructions as to how to avoid catching or spreading the infection must be definitely given. The nurse should be equally careful.

In considering the actual care of the patient let us take the question of baths. These soothe the patient and increase his feeling of well-being. A well given bath at night will usually put a restless patient to sleep. For temperature of 102 by day or 103 by night, it is customary to give a cold

sponge for twenty minutes, ten minutes to each side of the body, followed by an alcohol rub. Drugs have very little use in a case of uncomplicated typhoid.

The cleansing of the mouth is one very important feature. The lips become dry and the teeth covered with sordes. The tongue is usually covered with a thick greyish fur, with the border bright red. This type of clean and furred tongue is called the "Typhoid tongue." The perfect cleanliness of the mouth of a typhoid patient is perhaps the surest index of a good nurse. On this depends to a large extent the patient's appetite. It reduces to a minimum his chances of developing otitis media, parotitis, or broncho-pneumonia. Ample water intake, which means 3,000 to 4,000 c.c. (i.e., 3 to 4 quarts) a day, is the first essential. Then the mouth must be thoroughly washed, using absorbent wrapped around the finger (nurse should have a rubber glove) after each and every feeding. If very difficult to clean an irrigation of a large quantity of weak solution of potassium-permanganate may be used, also a mouth wash of glycerine and lemon or boracic acid following, and in between feedings educate the patient (if necessary) to chew gum. This was found to be very helpful in the last epidemic of typhoid. Some doctors advise a nasal oil spray once or twice a day.

The patient's back is the next consideration. This must be washed and watched constantly and carefully. After every bath and sponge it must be rubbed with alcohol and powdered. Every hour unless contra-indicated a patient's position should be changed in order to aid circulation and relieve pressure. The back needs rubbing every four hours at least.

Constipation as a rule is more common than diarrhoea, and, as will be discussed later, diet can be arranged to alleviate the one or the other. The accepted method of bowel elimination is a soap-suds enema every second

day. This ought to be given in the morning before the bath, as the patient is then usually less tired and it makes him more comfortable for the day. A moderate degree of abdominal distension is usual. Purgatives should be avoided.

The urinary output will be increased and the bladder kept in good condition by a large intake of water. The urine is inclined to be heavy and highly coloured. Both the stool and urine should be disinfected in the pan with the best disinfectant available (Izal, if possible, 1-20 solution for one half hour) before being emptied into the general drainage system.

The danger of infection from stool and urine, excepting carriers, is over in about six weeks. The absence of infection should be confirmed by a laboratory test (i.e., culture of stool and urine) before the patient is allowed complete freedom.

Typhoid fever usually runs true to type and with well treated cases the danger of complications is lessened, but the nurse must be forever on the watch for sudden changes in the patient's condition. The patient should never be left alone.

The marked daily variation in temperature observed during the decline of the fever is associated with sloughing of Peyer's patches, which accounts for the septic character of the curve. Sometimes the course is atypical and the fever falls by crisis. Persistence of an evening rise of temperature indicates that the infection has not subsided and increases the probability of a relapse or some complication.

During the third week is the common time for a haemorrhage. A sudden drop in temperature, rapid pulse, low blood pressure, pallor, coldness of extremities, tarry stool with blood clots are the evidences of this condition. To quote Dr. Gordon: "Now is the time to stop food, stop sponging, stop turning, stop visitors, stop enemas, stop talking! and maintain a certain degree of 'statuesque immo-

bility.' " The foot of the bed should not be raised unless the loss of blood is so great that syncope occurs, because it only increases blood pressure. Morphine is indicated at once. Apply ice bag to abdomen. After six or eight hours give sips of water, after 24 hours small amounts of liquid. Catheterize if necessary. After 12 hours put a pillow under one side to relieve pressure on the sacrum and cleanse this region and rub with alcohol. Then in a few hours the other side, and so on, increasing the diet and movements cautiously and slowly.

Abdominal pain rarely accompanies a haemorrhage and should make one suspicious of a perforation. This usually happens at the end of the second or third week in convalescence. Sometimes a slight pain or tenderness may be noticed in the abdomen, but generally the onset is sudden, with severe pain, which involves the entire abdomen, associated with bladder irritability and frequency of micturition. It gets worse with deep breathing or change of position.

The temperature is variable: there may be a sudden rise or fall, or it may stay the same. The pulse rate usually is increased, but not always. This condition, of course, must be reported to the doctor at once.

The rapid wasting of body tissues going on for weeks, the lessened appetite, the impairment of gastric and intestinal digestion, all demand food ample in caloric value, reasonably attractive, and assimilable and free from residue. Most authorities give 2,500 to 4,000 calories per day as the necessary requirement. Some sort of nutrient food should be given every two hours while the patient is awake. The protein should average about  $1\frac{1}{2}$  gms. per kilo of body weight during the course of the disease. The carbohydrate should be high in order to spare the protein. Water intake should be 3,000 to 4,000 c.c. daily and must be given at fixed intervals. Divide the amount up into a definite



number of doses and give it regularly give  $1\frac{1}{2}$  quarts milk, 1 pint of cream, and systematically, and  $\frac{1}{2}$  pound of sugar.

To obtain 3,000 calories in milk, The diet given below may be used cream and sugar, it is necessary to as a guide.

#### Diet No. 1 (1st week)

##### Values:

P. - 65 grams.  
F. - 80 grams. } Calories, 1519  
CHO. - 124 grams. }

7 a.m. }		9 a.m. }	Milk, 180 c.c.
11 a.m. }	Milk - 180 c.c.	1 p.m. }	Egg, 1.
3 p.m. }	Cream - 10 c.c.	5 p.m. }	
7 p.m. }			

##### 1 Night Feeding

Milk - 180 c.c.  
Cream - 10 c.c.

**Lactose for the Day, 50 grams.**

#### Diet No. 2 (2nd week)

##### Values:

P. - 66 grams.  
F. - 78 grams. } Calories, 1808.  
CHO. - 176 grams. }

7 a.m. }		9 a.m. }	Milk, 180 c.c.
11 a.m. }	Milk - 180 c.c.	1 p.m. }	Egg, 1.
3 p.m. }	Cream - 20 c.c.	5 p.m. }	
7 p.m. }			

##### 1 Night Feeding

Milk - 180 c.c.  
Cream - 20 c.c.

**Lactose for the Day, 100 grams.**

#### Diet No. 3 (3rd week)

##### Values:

P. - 74 grams.  
F. - 109 grams. } Calories, 2334.  
CHO. - 248 grams. }

7 a.m. }		9 a.m.—Milk, 200 c.c.
11 a.m. }	Milk - 200 c.c.	Egg, 1.
3 p.m. }	Cream - 40 c.c.	1 p.m.—Milk, 200 c.c.
7 p.m. }		Egg, 1.
		Mashed Potato, 50 grams.
		5 p.m.—Milk, 200 c.c.
		Egg, 1.

##### 1 Night Feeding

Milk - 200 c.c.  
Cream - 40 c.c.

**Lactose for the Day, 150 grams.**

#### Diet No. 4 (4th week)

##### Values:

P. - 75 grams.  
F. - 117 grams. } Calories, 2831.  
CHO. - 350 grams. }

7 a.m. }		9 a.m.—Milk, 200 c.c.	Egg, 1.
11 a.m. }	Milk - 200 c.c.	1 p.m.—Milk, 200 c.c.	
3 p.m. }	Cream - 50 c.c.	Egg, 1.	
7 p.m. }		Mashed Potato, 50 grams	
		5 p.m.—Milk, 200 c.c.	Egg, 1.

##### 1 Night Feeding

Milk - 200 c.c.  
Cream - 50 c.c.

**Lactose for the Day, 250 grams.**

## Diet No. 5 (5th week)

## Values:

P.	- 84 grams.	} Calories, 3323
F.	- 143 grams.	
CHO.	- 402 grams.	

7 a.m.	
11 a.m.	Milk - 200 c.c.
3 p.m.	Cream - 50 c.c.
7 p.m.	

9 a.m.	Milk, 200 c.c. Egg, 1.
	Toast, 50 grams. Butter, 15 grams.
1 p.m.	Milk, 200 c.c. Egg, 1.
	Mashed Potato, 50 grams.
5 p.m.	—(Same as at 9 a.m.)

## 1 Night Feeding

Milk	- 200 c.c.
Cream	- 50 c.c.

Lactose for the Day, 250 grams.

## Diet No. 6 (6th week)

## Values:

P.	- 102 grams.	} Calories, 4358.
F.	- 167 grams.	
CHO.	- 582 grams.	

7 a.m.	
11 a.m.	Milk - 200 c.c.
3 p.m.	Cream - 50 c.c.
7 p.m.	

9 a.m.	Milk, 350 c.c. Egg, 1.
	Toast, 50 grams. Butter, 15 grams.
1 p.m.	Milk, 350 c.c. Egg, 1.
	Mashed Potato, 50 grams.
5 p.m.	—(Same as at 9 a.m.)

## 1 Night Feeding

Milk	- 350 c.c.
Cream	- 50 c.c.

Lactose for the Day, 400 grams.

A mixed diet for the early convalescent stage may be made up of highly nutritious soft foods, such as jellies, jams, strained honey, lactose, cereals, syrup, candy, for carbohydrates; butter, cream, cream soup, cream toast, egg noggs, ice cream, for fats; milk, eggs, cream, malted milk, rice pudding, prune whip, custard, tapioca, gelatin, chocolate or cocoa, for proteins. Puree green vegetables, baked and mashed potatoes also.

If flatulency is troublesome, reduce the sugar for a time; if diarrhœa, cut down the fats or carbohydrates. Discretion must be used in the choice of foods. If there is nausea give broths, tea and fruit juices rather than the heavy creamy mixtures. Barley water and malted milk for two or three days are helpful in stopping

diarrhœa. If not successful, bismuth in fairly large doses can be used.

When the patient has been without fever for ten days the diet may be lowered. When the temperature is normal the patient may be propped up in bed. A few days after the temperature is normal, he may be allowed up in a chair. Then he may commence to walk very slowly. It is months before a typhoid patient is fully able to carry on his regular life.

It is quite evident that nursing a case of typhoid fever taxes a nurse's ability, ingenuity, perseverance, powers of observation, and her knowledge of dietetics to the utmost, but a well cared for patient is not only a great relief to the doctor in charge, but a great satisfaction to the nurse herself.



## *Professional Development*

By FLORENCE H. M. EMORY, President, Registered Nurses Association of Ontario

The Registered Nurses Association of Ontario is completing the second year of reorganized effort. It may be likened to a child surviving the period of infancy and launching out into experiences of early childhood. Students of that period are aware that if normal development takes place physical and mental needs must be recognized and heeded. They tell us that physical defects are acquired and that distinctive personality traits appear. Of the latter, those which are desirable are encouraged and the undesirable inhibited. To pursue the analogy further: during the first two years of its existence our professional association has, necessarily, given much attention to setting in motion the machinery of sound, effective organization throughout our province. Of late there are indications that the toddler is aware of and reacting to her surroundings and is becoming increasingly articulate. During the development period the organization will do well to guard against policies which may mar future usefulness, and encourage those motives and attitudes, in its membership, which will bring to fruition its most worthy purposes. So shall we add to the foundation of normal infancy a superstructure of happy childhood and vigorous, wholesome adult life.

"All progress is an unfolding," wrote Emerson. Agreed that progress is conditioned by normal growth and development, let us discuss certain auxiliaries, collective and individual, which are facilitating the desirable development of our organization. *Worthy objectives* are stimulating: aspiration not contentment is the keynote of progress. Our organization has adopted three: to render service

in the interest of the *public*; to advance educational standards of *nursing*; and to maintain the honour and status of the *nursing profession*.

Hospital care for the average wage-earner at a rate which he can afford and the development of visiting and hourly nursing services, both of which are factors in the care of all classes, particularly the citizen of moderate means, are problems confronting those engaged in health and sick nursing. In both instances our professional organization, if intelligently progressive, may contribute to their solution. With a provincial maternal mortality rate of 7.2, and that of the Dominion little lower, the appointment by our association of a committee to study the relation of the nursing profession to maternal care in Ontario is timely. In the report of the Federal Department of Health on Maternal Care in Canada just published, significant facts are given. During the year dating July 1st, 1925, to July 1st, 1926, fifteen hundred and thirty-two Canadian mothers lost their lives as the result of childbirth. Had those mothers lived in Denmark instead of Canada one thousand of them would not have died. Quite apart from contributing factors and varying circumstances, such an assertion is humiliating to national pride and constitutes a challenge to all medical and nursing groups.

In the advancement of educational standards of nursing the organization has participated. Witness the successful efforts of the committee formed two years since to consider the establishment of a course for instructors in the University of Toronto. Witness the large enrollment of the course for instructors at Western University, London, last summer, made possible through the co-opera-

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(Presidential address, read before the third Annual Meeting Registered Nurses Association of Ontario, 1928.)

tion of the Registered Nurses Association of Ontario. Benefits which accrue from organized effort, provincial, national and international, are numerous and far-reaching. I ask you, what could have more significance in educational values than the meeting of the International Council of Nurses to which Canada is hostess in 1929? Who will deny that the mingling of enthusiasm born of a new country with traditions the product of the centuries shall result in other than mutual benefit? We dare to hope that nurse leaders from England, the mother of modern nursing and of us all, will interpret something of the spirit revealed during the Victorian period and existing to a marked degree in the profession of today. We are convinced, too, that our European sisters will contribute those qualities and ideals which have made nursing distinctive in their own countries. All this, I submit, influences the maintenance and advancement of educational standards.

The third objective relates to the nursing profession. Our organization in ways varied but effective is assisting in maintaining the honour and status of the profession. Through interest in the preparation of nursing personnel and in a consideration of problems affecting the entire group, toward this objective a contribution has been made. In short, the goal is far distant but the race is begun.

A second aid to development is *activity*. The law which operates in the physical world is applicable to organized effort, namely, growth is conditioned by exercise. The activities of the association are revealed in district, section and committee interests. The majority of the district associations are well organized and their development is satisfactory. Independence and ingenuity evidenced by our northern groups have been a revelation to the most sanguine. To date, membership in the organization has grown steadily; December, 1927, showing an increase of approximately

one hundred and thirty per cent. over that of April, 1926. Your president is convinced that increased effort must be made in securing the interest of graduating classes. The discrepancy between potential and actual membership is great, and the small percentage of the members of some alumnae associations who have joined their provincial organization is disconcerting. Nor can it be said that subscriptions to our professional magazine have materially increased, although the content and arrangement of material furnished by Ontario has improved. The securing of an able secretary on a part-time basis and the purchase of a typewriter have contributed much to a successful year. The spirit which permeates the group, intangible though it be, is an invaluable asset. On the whole, progress made since reorganization is satisfactory. Until our membership is materially increased, however, we shall continue to be handicapped in meeting the legitimate demands of the association. In brief, there is need for increased and purposeful activity in the development of our organization.

Collective or group development is dependent on the growth of individuals. Individual unfolding in turn is enhanced through the cultivation of high *ideals*. "Blessed is he who carries within himself a god, an ideal, and who obeys it," spoke Pasteur of Lister. The cultivation of a sympathetic attitude, an unprejudiced judgment and an optimistic outlook will contribute to the realization of the ideal, and through individual attainment influence professional development. *Participation* is one method through which individual ideals are reached and growth assured. It may be that activity in professional affairs will mean the sacrifice of personal time. It usually does. If that time were equally shared by all members of the profession individual sacrifice would be less. Active participation in professional interests



will demand a certain portion of our income. The debt of the average nurse to nursing interests may be met decently if not adequately by the expenditure of not more than one per cent. of her income. In an endeavour to apply this statement in an address given recently, your president made bold to assert that the average nurse spends ten dollars on a pair of shoes or a hat ungrudgingly, but if the same amount were asked in professional dues, in some instances it would be denied. The reaction of two members of the audience was typical. One said, "I approved of what you said with the exception of the reference made to the cost of a hat. I have never paid that much for mine." Another said, "Who is your milliner? With bobbed hair in vogue and mine still long, I cannot find a hat at that price."

To be serious, the nurse who is in earnest about the needs of her profession will contribute time and money and one thing more—influence: that intangible but powerful thing. The greatest physician of his generation advocated and influenced professional organization. Of Osler it is said, "No one of our day has in his life's teaching and example so radiated far and near an inspiration to his fellow-physicians. Wide and accurate learning, enthusiasm in the pursuit of truth, a character in which elevation and charm are singularly marked and rarely blended, a personality which wins perforce the love, admiration and respect of all who come within his influence." If the great Osler found professional organization a necessity, how much more should those of less attainment feel its need. Our query in regard to such organization should not be "What can I get? but What can I give? Should we approach the coming sessions with that thought uppermost we shall find that each one will have something to contribute and that we shall in all probability benefit in proportion to the degree of our partici-

pation. Are we prepared to learn each from the other and to teach that which is the result of the year's experience?

And now may I suggest two attributes upon which further growth is dependent: *clear thinking* and *vision*. "For a thousand who can speak there is but one who can think; for a thousand who can think there is but one who can see," said Ruskin. It is easier to follow routine blindly than to travel new paths of thought. Clear, comprehensive, scientific thinking is a quality of sound leadership. Emerson put it this way, "God offers to every mind his choice between truth and repose. Take which you please, you can never have both."

And what shall we say of that second attribute: vision? When the western trade winds blowing for weeks had cast drift-wood upon the shores of Spain, Columbus's eyes fell not only upon the strange wood but also upon a pebble caught in a crevice. His imagination leaped from the pebble to the Western continent of which the stone was a part, from the tree to the forest in which it grew. Such is the power of imagination: such is the power of vision. It lifts one from things as they are to that which they may be. It is a potent factor in development.

Our childhood was pleased with the legend of the old monk who was shipwrecked alone on a desert isle. He always carried with him a few roots and seeds. Planting them, he died, but sailors coming twenty years later found the isle waving with fruit trees. Let us resolve that twenty years hence the nursing profession in Ontario shall be indebted to us for the planting of seeds, the fruits of which they enjoy. Let us resolve that through development, collective and individual, the present year shall witness progress in the realization of objectives which, though difficult of attainment, are worthy of our best endeavour.

## *Peking and China's Medical World*

By KATHRYN ROSS

Few cities have a more wonderful or more ancient history than that of Peking. In 1200 B.C. the city was under the Chang Dynasty and not called Peking in these days but "Chi." The twenty-eight successive rulers of the Chang Dynasty controlled her destinies for six centuries. During the Tsin Dynasty, 12 B.C., it was destroyed, but such was the influence and tenacity of the old Tartar adherents, the city was soon re-built and regained its former position, becoming in the 4th century A.D., capital of a Tartar State. Peking, however, did not become the real capital of China until the Yuan Dynasty, when Kublai Khan, 1260 A.D., restored the city giving it the name of Cambaluc and enclosing it within a wall of twenty-two miles in circumference.

The many beautiful palaces, of which I shall tell you presently, date back to this period of occupation by the Mongols. Marco Polo's visit to China occurred about this time, and his account of the reception accorded him, tells of the great splendour of the Court of Kublai Khan.

Located on a flat, dusty plain, where sand storms from the Gobi desert are frequent, surrounded by a brick wall, the former mud walls having been replaced by brick in the 14th century, it is hard to visualize the beauty of the city within. The Chien-men gateway is the entrance to the city, through it one can see thousands pass day and night: camel trains, rickshas, coolies with loads, Peking carts, old-fashioned carriages drawn by Mongolian ponies, the carriages looking exactly as if they had crossed from London in the "Polly Peachum" Days of the Beggars Opera, but, I suppose,

owned in China long before Londoners' early gay days were thought of. Over the Chien-men gate is a towering pagoda. This is most impressive and from the summit of the wall, the best general view of the city is obtained. It is quite "the thing" to walk on the city wall: one can go a long way and feast ones eyes on the ever-changing and varied scenes below. Coming in through the Chien-men, one turns to the right, in which part of the city the Foreign Legations or Embassies are quartered: the British, American, French, Portuguese, Dutch, Swedish, German and Russian Embassies. To the north may be seen the greater part of Imperial and Forbidden Cities. The brilliantly coloured roofs of the palaces, the lovely gardens, temples and pagodas, and the glorious western hills in the distance, combine to form a picture which cannot be found anywhere but in this ancient capital.

All of you no doubt have seen pictures of the Temple and Altar of Heaven, where the son of Heaven, the old Emperor of China went to worship. Some day if you get the chance, read the account of this grand and impressive ceremony, it is worth while. The altar is made of beautiful white marble, tier after tier rising up against the background of old cypress, fir and pine trees. Seeing it in the moonlight makes one think of a frosted wedding cake set in the centre of a beautiful garden with all the lavish beauty of nature surrounding it. The beauty of the place is most inspiring and fills one with awe and the spirit of worship.

The next beautiful place is the celebrated summer palace where the



old Empress Dowager, likened by some of our historians to Queen Victoria, held sway with such pomp and glory, and the summer resort of the imperial household until 1909. A road from Peking built to accommodate the traffic of high officials and their big retinues, and kept thronged during the seasons when court was held at the palace, leads one by motor to the main entrance of the palace. Inside the gate one sees that the palace consists of many halls roofed with yellow and green tiles, rising one above the other in terraces on the side of a hill. The beauty of the place is exquisite, the colour, the gleaming marble, the terraces, reception rooms, the Altar of Worship, away up on the top of the hill, with thousands of cute Buddah faces adorning the walls, and down on the level beyond the long walk from the main entrance is a theatre where the fascinating old lady whiled away moments, when not busy with the matters of state.

The winter palace, where now on one side some of the state officials reside, is a cluster of buildings, parks and groves, west of the forbidden city. On one side is the large lake and separated by a bridge is where the officials live—the other side is open to the public. Here are tea houses out in the open, gay coloured house-boats which float up and down the lake, Chinese lanterns hang among the trees, and one notices how very cosmopolitan are the people who gather there. In the winter, Peking's young gather here for skating; the months of December and January are quite cold and they enjoy this winter sport immensely.

An interesting place is the Llama Temple, because of a special feature—the ceremony of the Devil Dance, which is held on the 30th of the first Chinese moon. This temple is the Metropolitan Embassy of the Tibetan Buddhist Hierarchy, which has its seat in Lhasa on the roof

of the world. A curious sight here is a huge Buddha, a giant over sixty feet in height.

There are other temples—the Temple of Confucius, dedicated to this old Chinese philosopher. In the grounds are many lovely, old oak trees. Then there is the Pi Yun Ssu Temple, in the western hills—the English translation being "Temple of the Green Jade Clouds." This temple was built by early court officials under the Mongols. In one of the halls there are 500 statues of the disciples of Buddha, in perfect preservation.

The fascination of Peking, the capital of China, the oldest civilization in the world, is not only in her ancient history, but in her modern history as well—old China linked up with new China, the legations and colleges, foreign and Chinese, the many educated and interesting Chinese who live there in fine, old, Chinese homes, and a great many of whom mingle with the Europeans and Americans, bring into modern life in Peking a new atmosphere and charm.

Not far away is one of the rug factories where the far famed "Peking rugs" come from, the Fetti rugs. When I visited the factory Mrs. Fetti showed me some drawings which had been made by a famous Scotch artist, Miss Hotchkiss; these were copies of old vases and scenes from paintings and embroideries, as well as original motifs of her own, which were to be worked into the rugs about to go into the loom. The designs were exquisite and the colourings almost identical with the old soft Chinese colours.

There is a street called for Marco Polo—"Rue de Marco Polo," and another "Morrison Street," and another "Rue de Paris," and so on. Down near the city gate where the soldiers enter the city, is a Russian quarter where hundreds of poor Russians merely exist, but outside

the city gate, the "Chien men Yu" is where one sees real Chinese life. Here whole streets are given over to the selling of a single article—Flower Street, Jewellery Street, Box Street, Fur Street, Silver Street, Lantern Street, Silk Street, and so on.

I can't take up space to tell you as I would like to of the western hills outside the city, where are so many other famous temples, and in days gone by where great warriors retired after battle. In some of the places, old palace grounds and hunting parks, and in some of the beautiful gardens, these old warriors have been buried, laid to rest amidst all the beauty they so loved when alive.

The Forbidden City lies within the Imperial City, and contains the Imperial palaces. The boy Emperor now resides in Tientsin, other members of the family are still in Peking.

At the present time, particularly while the Nationalists are forging ahead in the north, the hospital of the Peking Union Medical College is the centre of medical service in north China, and at all times since their work has been established there, the P.U.M.C. has been considered the A. 1. hospital and medical college, introducing modern standards of medical education to China.

The buildings, the architecture of which blends in harmoniously with old Peking, are built on the site known formerly as the palace of the Prince Yu family. The Chinese play on the word, and by changing a tone, call it sometimes the "Oil Man's Palace," and coolies possessing about six words of English, have been heard to call it the "Locky Fello Foundaish," being interpreted in English, "The Rockefeller Foundation."

When the work was started, the Rockefeller authorities decided to use the English language as their medium of instruction at the P.U.M.C., and on the staff there are

young Chinese who have been graduated from Yale, Harvard, Oxford and Cambridge, as well as from some of the excellent medical schools in other parts of China. The head of the department of physiology is a young Chinese who had a brilliant career at Oxford. Many of the other Chinese members of the staff are clever and capable: the foreign members, mostly Americans and British, with one Austrian and one Russian, are usually men and women of success in their respective lines.

Many wounded soldiers pour into the hospital daily, and the staff, which is fairly large, is overtaxed. Excellent facilities, comparing with the best equipped hospitals in Canada and the U.S.A., are to be found there. Nurses and doctors, with equipment, go out near the firing line, setting up temporary hospitals. The Social Service and Red Cross units organize bands who go out into the country towns, carrying back into the city on crude stretchers many of the wounded. Many are left to die from lack of attention. In the temples around any of the cities and towns may be found hundreds of these wounded soldiers who have crawled there for cover, and are left to die. The staff of the P.U.M.C. and other hospitals: the French and German, and the Mission hospitals, do all in their power to alleviate the suffering while active fighting is going on near and in Peking.

In Europe there is the saying, "All roads lead to Rome," but in China it is, "All roads lead to Peking." As a hub is to a wheel, so is Peking to the medical world of China. Chinese students, graduates from all over China, come to Peking for post-graduate work, getting there a breadth of outlook and training which proves of great value to them when they return to their individual schools. The nurses training school of the P.U.M.C. is co-



educational, as likewise is the medical school.

In 1909 a Nurses Association of China was formed and the success of the association has been remarkable. The object of the association is two-fold: First—To establish the status of the nurse in China by enrolling under one organization, all foreign and Chinese graduates who have received a full course of training. Second—To protect the standards of the nursing profession by standardizing the curriculum and examinations, and the minimum requirements of all training schools that desire to register themselves under its auspices and to secure its diplomas.

The association has an annual conference, and foreign and Chinese nurses meet and discuss the problems concerning the Chinese and nursing world in general. These young women and men (for there are just as many male nurses) are wide awake to China's need, and year by year the number of graduates from registered hospitals with N.A.C. examinations, are of great satisfaction to China and to those interested in China's progress in medicine. The N.A.C. has set a high standard of curriculum, demanding a full three years, and in some cases four years' course, followed by examinations in the various subjects. I have compared the N.A.C. course of training with the courses given by some of our prominent training schools in Canada, and find the standard just as high and the examinations, if anything, more difficult.

The association is doing its best also to instil the highest ideals into the minds of the students and graduates.

China, as a nation, is going through a stupendous upheaval, educational, industrial and political revolution being only a few of the factors accompanying civil war.

Those of us who have been to China, love to picture her glorious country places, love to picture the peasants of China, the old men and women, and the very young; China's children of the soil who have always known war, often not realizing what it is all about. We know that in spite of present conditions, in spite of the dark cloud of war which envelops her country from north to south, that nature, who has ever lavished natural beauty on China, will again blossom forth in all her beauty and loveliness of spring and summer; for them the spring festival will go on; little children will play on the city walls flying their kites away high in the air—those beautiful playthings made to resemble flowers and fish and birds and animals—the wistaria will blossom again and the air will be sweet with the odour of the golden oil flower, one of the most exquisite odours on earth, the red poppy fields will glow in the south and west. Those of us who know and love China, who have Chinese friends of sterling character and exquisite grace and charm like Madame Yu, and others, will watch with sympathetic hearts the outcome of this national upheaval, and long for her the dawn of happier days, where their laughing Buddha may come again bringing peace.

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The Canadian Council on Child Welfare has recently published in pamphlet form an article on Rickets, by O. A. Cannon, M.B., F.A.S.C., Director, Division on Child Welfare, Department of Health, Hamilton, Ontario. Copies may be secured by writing the Executive Secretary, Canadian Council on Child Welfare, 408 Plaza Building, Ottawa, and asking for C.C.C.W. Publication No. 44, Child Hygiene Series.

## *Quebec—Gateway to the Dominion*

The first comprehensive glimpse of Canada which the delegates from across the Atlantic to the Congress of the International Council of Nurses will receive will be the mediæval towers of Quebec, reminding them startlingly of the Old World. Quebec is one of the oldest, if not the oldest, city in North America, and it is certainly the only fortified one. It is the eastern gateway to the Dominion, and the history of its development has been called the history of Eastern Canada.

As a summer and winter resort, Quebec is now unsurpassed on the continent, and delegates to the congress will find much to fascinate them in the ancient capital. There is much to see worth two or three days' stay within its quaint walls. Commanding the St. Lawrence River for many miles, Quebec stands on a rocky promontory facing its sister city of Levis, on the opposite side of the mighty river. On the famous Dufferin Terrace the youth and beauty of Quebec promenade in the evenings under the glorious Canadian sunsets.

Quebec is, of course, famous in British history as well as in French. Where now English and French civilizations mingle harmoniously, one of the fiercest struggles for the New World took place: the battle of the Plains of Abraham. The visitor will be shown the place where General Wolfe and his hardy soldiers are said to have climbed up the face of the cliff, at Wolfe's Cove, and surprised the gallant Montcalm in the now famous struggle of the Plains.

The harbour is one of the most important in the Dominion. The dock equipment includes a 2,000,000-bushel grain elevator, with conveyors, and sixteen miles of railway tracks and plenty of accommodation for ocean liners. It is here that these liners dock on their way to Montreal from Europe and disembark third

class passengers and any others wishing to commence their tour of Canada at Quebec. Quebec is also a port of call on the eastbound voyages of these liners.

Plenty of accommodation is to be had in Quebec, from the luxurious comfort of the Chateau Frontenac to the more modest accommodation afforded by the smaller hotels and boarding houses scattered throughout the city. The cost of living in the town ranges from \$2.50 a day up to whatever one may wish to pay.

Trips out of Quebec include one to the famous St. Lawrence Bridge, under which the ships pass, and an unforgettable excursion to the famous shrine of St. Anne de Beaupré. To this shrine come hundreds of thousands of tourists every year from all parts of the world. The shrine was destroyed by fire in 1922, and is now being rebuilt. The drive by motor along the river separating the mainland from the Isle of Orleans is one of the most beautiful drives to be had in America. Coming back one sees Montmorency Falls—over 100 feet higher than Niagara—from the terraces of Kent House, once the residence of the Duke of Kent. There are many other excursions which the delegates to the Congress could take if time permits. There is the trip, for instance, to Baie St. Paul, on the north shore of the St. Lawrence, just beyond Ste. Anne de Beaupré. The old manor-house, built in 1718, is still standing, with its walls over two feet thick, and great stone chimneys.

Other trips which could be taken are to Murray Bay, and Tadoussac, at the mouth of the Saguenay River, and to resorts on the south shore, like Rivière du Loup, Kamouraska, and to the Gaspé Peninsula, where some of the finest marine landscapes are to be enjoyed, also some of the best fishing on the continent.



## *Responsibilities of the Hospital Dietitian*

By R. CRESLOCK, B.H.E., Gray Nuns' Hospital, Regina, Sask.

Science has done more to make the world healthful and happy than most of us realize. Dietetics is one of the newer sciences, but it has already accomplished so much in the prevention of illness and in curing the sick that hospital executives are beginning to appreciate the necessity of having someone who is scientifically trained to take charge of the dietetic department. In order to meet this situation the dietitian has been trained, and now all the larger hospitals, and many of the smaller ones, employ a dietitian. Today in many hospitals the dietetic department ranks equal in importance with the x-ray, the pharmacy, and physiological laboratory.

An editorial in a recent number of *The Modern Hospital* carries this message: "The heart of the hospital is in its dietetic department. That department can create the greatest dissatisfaction in the shortest space of time, and, conversely, it can do more to help in a hospital than almost any other single part of the organization."

Whether you agree with the sentiment of this statement or not, you will agree that it presents an idea worthy of very serious consideration.

Many hospitals are earnestly debating the advisability of adding a dietitian to the staff, but those in charge are loath to do so until they have a more definite idea of the services a dietitian will render the hospital. The purpose of this paper is to describe briefly the responsibilities which a dietitian may assume, depending, of course, on the size of the hospital. Hospitals of one thousand beds may have a chief dietitian and four to six assistants: in smaller hospitals of one hundred beds one dietitian may assume complete responsi-

bility, depending somewhat on the organization and the type of work done. The duties of a dietitian come under two classes: administration and teaching.

The administrative duties of a dietitian are many and diversified. They may include:

1. The planning and arrangement of equipment of dining rooms, kitchen and food store rooms.
2. The purchasing of equipment.
3. The purchasing of supplies.
4. Employment and supervision of kitchen help.
5. Planning, preparation and serving of all food.
6. Recording results.

Now to return to the first point, the planning and arrangement of dining rooms, kitchen, and food storerooms. Does it not seem reasonable that she who is going to use the equipment should be allowed to arrange it, with a view to satisfactory service?

Referring to the second point, the one who will use the equipment will no doubt be in a position to make a wise choice, knowing the use it will be put to and the wear and tear of daily usage.

Thirdly, the purchasing of supplies.

When the dietitian is responsible for satisfactory food services to the consumer it seems wise to have her choose and purchase the food. When this is not practicable she should be free to requisition for what is best suited for the food service.

In regard to the employment of kitchen staff: since the dietitian is responsible for the training of those who work in her department, and for the work they do, do you not think that she should be allowed to engage them and that they should be responsible to her?

The wage problem often presents a serious difficulty. I do not believe we

<sup>1</sup>Read at the annual meeting of the Saskatchewan Registered Nurses Association, April, 1928.)

shall arrive at a satisfactory solution to this problem unless we offer a wage which will induce the right type of girl to enter the service. A plan that is followed in some hospitals, and one which gives excellent results, is to start on a certain wage. After six months' service the wage is increased regularly until the maximum is reached. An employee takes more interest in her work and in the institution when there is an opportunity of improving her position.

But what is more important than any of these duties is the dietitian's responsibility for the planning, preparation and serving of all food consumed by patients and personnel. The hospital has the right to expect that the meals should provide sufficient protein, fat, carbohydrate, minerals, and vitamins in correct amounts to nourish the sick as well as keep the personnel in good health. Let us never underestimate the importance of feeding people adequate meals in order to keep them well. Food must not only be served at the proper temperature and in appetizing ways, but meals must be planned in order to avoid monotony. Menus may be planned for a few days or a week in advance and food will then be purchased to suit the menus, instead of making menus to suit the food on hand. Fixed menus for certain days should not be followed as one should never be able to guess what the meal will provide.

Keeping account of meal costs, tabulating results of experience, and printing of standard diets are other duties which may fall to the lot of the dietitian.

Briefly, then, the administrative duties of a dietitian may include the planning and serving of adequate meals, the purchase of food and equipment for her department, employment and supervision of kitchen staff, tabulating records, arrangement of equipment in dining rooms and kitchens, and the storage of food.

Let us now consider the teaching which is part of a dietitian's duty.

1. The dietitian is responsible for teaching the nurses a course in dietetics and in food preparation.

2. For the study of diet in disease.

3. For the nurses' training in the diet kitchen.

4. It is her duty to teach all patients who are required to remain for any length of time on a special or corrective diet.

Recent developments in dietotherapy have dispelled the old idea that all foods were equally good for the patient. It is now recognized that diet is the most important factor in the cure of some diseases and in the prevention of others. It is being emphasized more and more as it is better understood. For example, consider the terrible toll of life anemia took before the value of liver for the treatment of anemia became known.

Granted, then, that the study of dietetics is a very important part of a nurse's training, what preparation is necessary for this work? Before a nurse can hope to get the most out of her dietetic training she should have studied anatomy, physiology, and medical diseases, and she should have a knowledge of elementary chemistry.

The study of foods is necessary in order to lay the foundation for the work in diet and disease, and consequently it should precede the course in dietotherapy. The practical work in food preparation should link up closely with the study of food, with emphasis laid upon the preparation of a meal. One of the problems which dietitians are confronted with is the teaching of a course in food preparation where there is no food laboratory. But much good work is being done.

The study of diet in disease should follow immediately after the course in foods. After this the nurse is ready to go to the diet kitchen for her training. A problem which is common to all of us is how to bridge the lapse of time which often occurs between the theoretical work and the practical work. Undoubtedly the



ideal situation would be to have the nurse take her diet kitchen training immediately after studying diet in disease; but this is not always practicable.

While the nurse is taking her diet kitchen training the dietitian should teach her to plan diets for all patients who are on special or corrective diet. Instruct the nurse to check up the patient's chart and report progress made as a result of the diet given. I have yet to meet a nurse who has not experienced a thrill of satisfaction over seeing her patient recover on the diet which she planned, prepared and served.

Care should be taken that unnecessary work is not done in the diet kitchen. Work loses its educational value when it is repeated so often that it becomes mechanical. Remember the aim of the diet kitchen training is not to turn out a nurse as a first class cook, but to teach her the underlying principles of food preparation, to know the correct foods to be given under certain conditions and to understand why. Let me repeat this, for I think sometimes some people get a wrong conception of diet kitchen training.

After a nurse has completed her diet kitchen training she should return to the ward, where she has an opportunity of putting into practise knowledge gained in the diet kitchen. Nurses are confronted with many problems in giving food to patients on general, light, soft or liquid diets. A dietitian is always glad to help nurses solve their food problems, as it is gratifying to find nurses who are taking a genuine interest in the feeding of their patients.

As stated previously, the dietitian's duty extends to the patient as well as to the nurse. In order to successfully treat a patient by diet it is necessary to win his co-operation. She should visit him frequently—daily if possible—to ensure his interest and discover his likes and dislikes. The dietitian will then be in a position to

send him food he will enjoy and also to avoid waste. Explain, if necessary, why he should or should not have certain foods. Nine times out of ten he will appreciate the personal interest taken in him and be glad to receive suggestions concerning his diet. The dietitian must study the patient's chart and should be ready to confer with the doctor regarding the same.

The dietitian must also assume the responsibility of teaching the patient. Diabetes is quite a common disease and anyone who suffers from it must understand the principles of his diet. The patient must be taught to weigh or measure his food. He must be taught the importance of accuracy, and he must know something about food values, and so be able to substitute one food for another. Many patients who are potential diabetics may be spared such a fate by timely advice regarding diet. Frequently a patient is brought to the hospital for treatment and discovers he has a tendency to diabetes. The dietitian must teach him the importance of restricting carbohydrate in his diet and give him a written dietary to follow after leaving the hospital.

Again, the patient who has been convalescing on ulcer diet should know what foods to choose to avoid a recurrence of the illness. For these patients and others—as nephritic, cardiac, or anemic patients—the dietitian must assume the responsibility of teaching diet. A problem which the dietitian encounters when dealing with patients is to have them recognize that publicity work in connection with foods, unless conducted by one who is scientifically trained, is sometimes only accurate to a certain degree and beyond that is very misleading. An excellent example where "a little knowledge is a dangerous thing." For this reason the dietitian must keep up with scientific research to be accurate as possible. She must also strive for very close co-operation with doctors and the hospital staff.

These statements summarize briefly the work that may be expected of a resident hospital dietitian.

And in return for all this, what does she receive? There is the co-operation and appreciation of the attending physician; the sincere gratitude of a patient; and "Thank you

for your keen interest"; and through it all comes a thrill of satisfaction when the day is over of knowing she has been partly responsible for sending out someone renewed in health and able to take his place in the busy world. This is her reward, and there is none better.

### *The Graduate Nurses Association of British Columbia*

A review of the history of the Graduate Nurses Association of British Columbia shows how rapidly the organization has developed since its formation in September, 1912, with 62 charter members, and Miss Wright of New Westminster as its first president. The object with which the association was formed at that time was to obtain registration for nurses. Today there is a membership of over fifteen hundred registered nurses, all of whom are members of the provincial organization.

The first officers of the Association were: President, Miss Wright, New Westminster; 1st vice-president, Miss McDonald, Victoria; 2nd vice-president, Miss Helen Randal, Vancouver; 3rd vice-president, Miss Patton, Kamloops; secretary-treasurer, Miss Elizabeth Breeze, Vancouver, with seven other members elected to act as executive officers. It is interesting to note that several members of the original council still take an active interest in the affairs of the association and are acting on the executive committee at the present time. To the efforts of the early members of the association is due the credit of securing the Nurses Act. In order to finance the undertaking many of them paid their registration fees in advance. The passing of this Act was accomplished only after considerable difficulty: twice the Bill was introduced into the House and subsequently withdrawn owing to certain changes being inserted which members of the association considered undesirable.

In 1913 the Graduate Nurses Association of British Columbia became affiliated with the Canadian Nurses

Association, and from 1914 to 1918 the activities of the association were devoted to fostering the Nurses Bill and to assisting in work connected with nursing in the Great War: members of the association either earned money to contribute to the fund or actually assisted in the preparation of dressings which were sent overseas. Christmas greetings, as well as a small gift, were sent annually to each of the overseas Nursing Sisters from British Columbia.

In 1916 *The Canadian Nurse* magazine was purchased by the Canadian Nurses Association, its headquarters were then moved to Vancouver, and Miss Helen Randal appointed editor.

In 1917 plans were formulated to provide a temporary home to which overseas Nursing Sisters could return at a small cost. In addition to contributions from members of the association, the Local Council of Women assisted in organizing a tag day. With the proceeds obtained as a result of these efforts a Military Club was established in 1919, under the auspices of the Graduate Nurses Association of British Columbia. It was formally opened in June of that year, when the general meeting of the Canadian Nurses Association was held in Vancouver.

In 1918 the Nurses Bill was finally passed, the association became incorporated and opened a central office in Vancouver. Miss Helen Randal was elected as registrar for the association, and the following year carried out the first survey of training schools in the province.

In 1920 the course in Public Health was established at the University of British Columbia and Rural Health



Nursing was instituted in the province. While these movements cannot be claimed as activities of the association, they marked a progressive step which materially influenced the whole nursing profession and as such were enthusiastically received and supported by its members. The association in this year awarded a scholarship of \$1,000.00 to assist one of its members to pursue post-graduate work in the University of Toronto. The association further undertook the responsibility of the inspection of training schools throughout the province, the registrar being appointed to also assume the duties of training school inspector, on behalf of the association.

In 1921 the Military Club House was relinquished, the need for its existence having ceased to be felt. Any assets which had accrued were included in the contribution from the province to the fund created to establish the National Memorial for Nurses at Ottawa. In this year also the examinations for the certificates of R.N. were first held in the province, and the Public Health and Private Duty Committees were formed in the association and began to function as such. The Nursing Education Committee did not, however, come into existence until 1924, when the Canadian Association of Nursing Education became a section of the Canadian Nurses Association.

From 1923 to the present date, each year has possibly not seen accomplished an achievement worthy of individual record, but a continued interest is maintained in the affairs of the association and an effort, bespeaking time and thought, is made by many of its members to keep pace with the progressive movements affecting the nursing profession today.

The activities of the association during these latter years may be briefly referred to as follows:—

(1) *By the Public Health Committee.*

The preparation of a public health exhibit.

The establishment of a reference library for the use of members.

(2) *By the Nursing Education Committee.*

A review of the curriculum for training schools.

The preparation of lesson plans and new type examination questions.

An attempt to assist in the standardization of the preliminary educational requirements of applicants to training schools, also of the records maintained in training schools.

(3) *The Private Duty Committee.*

Have held regular meetings at which interesting addresses have been given and various problems discussed.

(4) During this period there has also been a revision of the Constitution and By-laws.

Under the social activities of the association may be mentioned the entertainment of Dame Maud McCarthy in 1926, when all nurses were afforded the opportunity of personally meeting this outstanding member of the nursing profession in England.

The nurses' banquet has now become a yearly function at the annual meeting and one which is always well attended, as are also the get-together suppers held at regular intervals by the Public Health Committee.

Meetings of the association are held three times a year: at Victoria, Vancouver and New Westminster, respectively, when business is discussed and suitable addresses are arranged for. An effort is thus made to stimulate and maintain a representative interest in the affairs of the association and to afford all members the opportunity of keeping in touch with matters concerning the welfare of the profession and its relationship to the community.

The Presidents of the Graduate Nurses Association of British Columbia, since its inception, are recorded as follows:—Miss Sharley, P. Wright (Mrs. R. Bryce Brown), Miss Helen Randal, Miss Jessie MacKenzie, Miss Elizabeth G. Breeze, Mrs. M. E. Johnson, Miss K. W. Ellis.

## Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,  
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### *The Building of a Curriculum*

By ANNIE F. LAWRIE, Instructor, Royal Alexandra Hospital, Edmonton, Alberta

The conservation and welfare of human life has always been the main consideration of the nursing profession, making it most necessary that there should be a very careful organization and administration of the material of instruction so that our pupils will be prepared to fill this place in the life of the community.

In accomplishing this purpose we will first have to agree on the kind of nursing service which it is desirable or necessary for us to provide for in the every day conditions of modern life in this country. If we decide that it is in the best interests of society to limit the supply of skilled and intelligent nurses and to conceive of the nurse as a sort of capable and obedient upper servant we shall have to plan our curriculum accordingly. If, on the other hand, it is found that the welfare of society is conserved and advanced by having a higher type of nurse, one who acts as the scientifically trained assistant to, not the servant of the physician; one who is fitted to lead in certain important branches of social work, it is decidedly the duty of every school which trains nurses to do its utmost to meet this demand. Such a distinction in aim is fundamental, it is the difference between the training for a more or less skilled handicraft and training for a profession. The increased elaboration in technique, the radical changes in the conception of disease and methods of treating it, including the duties of occupational and psychological treatments, increased em-

phasis on the prevention of disease including definite teaching by the nurse, and the demand for a high degree of efficiency in every branch of work, all of which throws more and more responsibility on the nurse. These and many other developments have to be considered carefully in preparing the nurse of today and tomorrow.

The art or doing side of any work must have sound thinking to back it up, otherwise it becomes mere automatic rule of thumb routine. If situations were always the same in nursing and if we could find a rule to meet every kind of situation the nurse might need a very small body of theory to guide her, but since no two situations are ever the same and even with careful direction and supervision in the hospital she must be equipped with the information necessary to enable her to act intelligently and safely. This knowledge will cover a fairly wide variety of subjects.

The school of nursing being an educational institution, the curriculum will require most careful and thoughtful study although it must be adapted to the conditions of each particular institution, it would be disastrous to allow all kinds of temporary incidental considerations to dictate its form and content. It is desirable in any system of education that there should be a certain acknowledged standard, a certain uniformity in the subjects studied and in the relative time given to each. Working from a good model or standard, each school should con-



sider its own special problems, improving on the standard whenever possible, experimenting along new lines, adapting, pruning and changing from time to time to meet the changing conditions and demands in the field of nursing. This is the way all progress comes.

In its broadest sense, the curriculum embraces not only the subjects of study, but the practical experience of the wards, the methods of instruction and discipline, the traditions and spirit of the institution and all the influences which are brought to bear on the pupil throughout her course. How then shall we plan this curriculum? First we must ascertain the length of the course for training, and in this way discover the amount of time that will be allowed for the subject matter. Then we may ask what standard of education is required for admission. The number of hours for duty—is it an eight-hour system or ten hour? What facilities does the school give? What provisions made for teaching? Have they a reasonable teaching staff? Is a preliminary course required? How many hours of ward work does the nurse have to put in? What service does the hospital offer? (Medical, surgical, obstetrical, pediatrics). Do they affiliate with any other school and on what subject? Will all this train the pupil to be a practical social nurse to meet every social condition? What are some of the problems which the nurse will meet? The modern social test is to be able to do all practical things—to meet all emergencies. These and probably many other questions we would have to ask before beginning the actual building of a curriculum.

In starting to do this building it is well to block off our time first in regular periods and then to decide the number of hours which will be available for class and lecture work. Assuming that the length of the

whole course is three years, we have about eight or nine months in each year in which regular teaching is usually given. This may extend from September to the middle of May, allowing for two weeks vacation period at Christmas. For a school working on the eight-hour basis it will usually be possible to allow from four to six hours a week for class and lecture work after the preliminary period, which would include practical demonstrations and quizzes but not study hours. There is often a sacrifice of time off duty to class periods, which on general principles should be strongly discouraged. In any case evening work should be eliminated as far as possible because it has been proved again and again that no educational work worthy of the name can be done with overtired students in the fog ends of long days of exacting manual work.

The preliminary course which is now accepted by practically all up to date schools varies from three to four and sometimes six months. One term of four months has been found to be none too liberal an allowance of time for the very essential drilling and grounding in the fundamental principles and practice of nursing. During this time it is better for the pupil to spend practically all the time off the regular ward service though she will be assigned for limited periods to various departments of the hospital for practice; but she is not counted upon as a regular member of the staff until the end of the preparatory term. At least four hours a day should be available for lecture and class in this early part of the course with additional time for study. A typical weekly schedule would include the following: class and laboratory work 22 hours, practical work in wards and other departments 16 hours, study 22 hours. (Very rarely is such a full complement of the latter allowed.)

In general we would say that the basic sciences on which the nurses' duties are built should come first, preferably before any responsible duties are assigned. This would place in the preliminary period the following subjects: anatomy and physiology — laying the foundation for the study of hygiene; dietetics, materia medica and all pathological conditions as well as for the safe and intelligent practice of nursing. Bacteriology giving the true conception of the cause and transmission of disease as well as the value of an unbroken technique; chemistry imparting an intelligent understanding of physiology, dietetics, bacteriology, pathology, hygiene, sanitation, practical nursing, and materia medica; hygiene emphasizing the tremendous importance of good health; ethics and history of nursing inspiring and helping the student to gain the right spirit and aims of her new task; elementary materia medica insuring accuracy in the making up of solutions and furnishing a basis for the further study of materia medica; principles and practice of nursing, giving a clear understanding of the fundamental principles which underlie all good nursing, developing habits of observation, system, economy, manual skill, love of nursing, a pride in good workmanship, and a keen interest in the human side of the nurse's work as well as in its scientific and practical side.

There seems to be no good reason why massage should not be given towards the end of the preliminary period since it consists largely in the gaining of a certain dexterity of hand and needs only anatomy and physiology as a basis. At one time psychology was not thought of in relation to the curriculum of the schools of nursing, but its importance is being realized more and more, aiding as it does the student to meet the many and varied ex-

periences with which she is continually coming in contact during the daily routine of ward duty, as well as in her life experiences outside the hospital. This would include a short course put in at the end of the preliminary period.

The arrangement of the remaining subjects in the different years is a very vital matter for it is a principle of good teaching that the theory and practice should be kept as close together as possible, so that the theory will make the practice safe and intelligible and the experiences and problems arising in the practice will vitalize the theory and make it interesting. This is very difficult to arrange in any school, but particularly in such a school as ours. The very nature of our work is such that we ought to take no risks of the nurse finding out in a class how she might have prevented a fatal mistake on night duty in her first year. As much preparation as possible must come before the vital need arises, but there are undoubtedly some phases of every subject which will be much better understood and appreciated when one has had a good background of experience to build on.

As early after the completion of the preliminary period as possible the second term of the junior year should be commenced. The suggested subjects included in this period are: elements of pathology, dietetics, materia medica and therapeutics, advanced principles and practice of nursing, psychology and the case study method. Those of the second year include: nursing in medical and surgical diseases, orthopedics, gynaecology, urology and pediatrics. Finally, in the third year nursing in diseases of the eye, ear, nose and throat, operating room technique, obstetrical nursing, psychiatric nursing, first aid emergency and special lectures in various subjects in the field of nursing. It will



be found that in actual practice a slight variation in the placing of these subjects in the various years will be found necessary to meet the needs of the individual school. An absolutely uniform curriculum is a deadly thing—it stunts and warps the growth; therefore a certain flexibility is necessary to allow for progress.

With regard to the teaching methods of these subjects we find that the definite assignments for study followed by the question and answer method with ample time for discussion, demonstration and laboratory periods, blackboard drawings, charts, models, slides, preserved specimens and in anatomy and physiology fresh specimens from the butcher whenever possible; the dissection of small animals and a necroscopy at the end of the course have all proved invaluable aids. The excursion method can be used in relation to the teaching of hygiene and sanitation, as well as bacteriology in observing at one of the local packing plants the methods employed in the federal inspection of meat; at the city dairy the safeguarding of the milk supply by the most up-to-date methods, or the efforts utilized by the city in endeavouring to maintain an unpolluted water supply to its citizens. A great deal could be said with regard to the newer methods of ward teaching: such as the case study method so rich in practical experiences for the student.

Each lecture period should begin with a short quiz of from five to ten

minutes on the material taken up in the previous lecture with the usual aids of teaching. The lecture may be supplemented at certain periods by clinics which are specially useful in the teaching of disease conditions. The method of having follow up classes in which the material taken up by the lecturer is carefully linked up with applicable practical procedures by the instructor has proved an invaluable method for revision in connection with practically all these subjects. The instructor in this case is the head nurse or supervisor of the department of the particular subject being given, for no other person is more fitted to correlate with ward problems and demonstrate ward procedure than she is. Her knowledge ought to be fresher and her interest keener. Formerly one of the main functions of the head nurse was the instruction of the new probationers as well as the nurses under her charge and many head nurses developed into excellent teachers and trainers. The tendency at present is to regard head nurses entirely as administrative officers. It seems to be highly important that even if she does little formal teaching, the head nurse should still consider herself one of the teaching staff of the school of nursing, and she should know what the superintendent and instructors are trying to give the pupils, being ready to help in every possible way to link up the class and ward work and to make every day of the pupil's experience as richly educational as it can be made.

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## *New Teaching for Nurse Instructors to be given at the University of Toronto*

By E. KATHLEEN RUSSELL

For some years past the nurses of Ontario have been asking the University of Toronto to arrange a course of special training for nurses preparing to fill teaching or administrative posts in hospital nursing schools. The provincial nurses' association has been the spokesman in voicing this demand, particularly through a special committee appointed in 1926 to confer with the University. In the autumn of 1927 the University agreed to furnish this course and a special committee appointed by the President worked upon the plans for it during the winter 1927-28. In June of the present year a bulletin was published announcing the teaching to be offered, and the first class commenced work upon the opening of the academic year, September 25, 1928.

For reasons, concerned with matters of merely local significance, it has been decided to make a start upon this work under the Department of University Extension. This department is so organized in the University of Toronto that it allows for free experimentation with new teaching, and the new course can be started there much more speedily and easily than in any other way. The work done in, and for, this course will be closely allied with the existing courses for nurses now being carried on by the University in its Department of Public Health Nursing.

To help develop this work a special assistant has been appointed by the University in the person of Miss Gladys Hiscocks. Miss Hiscocks is a graduate of the training school of St.

John's Hospital, Toronto, and has held an administrative post on the hospital nursing staff. Later, Miss Hiscocks took special training at the School for Nurses of McGill University, Montreal, and since then has been teaching in the nursing schools at the Toronto General Hospital and the Hospital for Incurables, Toronto. During the past summer Miss Hiscocks has been visiting and studying the nursing systems of a group of American and English hospitals.

The course will occupy one academic year (September to May) and will be open only to graduate nurses. The curriculum as outlined stresses the preparation for teaching. An opportunity will be offered the nurse to make further study of the subjects she must teach in the hospital school and also to obtain some rather intensive preparation in both the theory and practice of the art of teaching. Two matters provided for have been considered of special significance by those responsible for the curriculum. The first is, that as nursing must be taught at the bedside, therefore these prospective teachers of nurses must be prepared through *demonstration of bedside teaching*. For this reason it is planned to have a double series of bedside clinics: one series will be conducted by the medical man "to discuss the general principles underlying the management and nursing care of the more important clinical conditions treated in medicine, surgery, obstetrics and gynaecology, pediatrics, ophthalmology and otolaryngology";\* the second series will be conducted by a nurse instructor to teach concerning the practical nursing of the clinical condition discussed in the medical clinic. Probably nothing in this new work has as great significance as this attempt to prepare teachers of the art of nursing

(\*From the official bulletin, this part of the announcement having been prepared by the Professor of Medicine of the University who, working with his colleagues of the various hospital services, is making it possible for the nurses to obtain this teaching. The nursing staffs of the university hospitals have also agreed to give generously of their time to experiment with these nursing clinics.)



in a manner that has the sanction of scientific pedagogy.

The second matter of importance referred to above is the close association of these teachers in training with the public health courses as arranged for nurses at the University. The

hope is that these prospective teachers will be trained in a method of thought, as well as a content of knowledge, that will in turn make them teachers of preventive nursing to the young pupil nurses whom later they will have in charge.

## *A Post-Graduate Course in Mental Nursing*

By C. A. BARAGAR, M.D., Superintendent, Brandon Mental Hospital

Enquiries respecting post-graduate instruction in mental nursing received from time to time from general hospital graduates have suggested that such a course might be acceptable to members of the nursing profession and of benefit to the community in general.

The value of a practical knowledge of psychiatric nursing has not apparently been fully appreciated by the nursing profession in particular or the public in general, and yet such a knowledge and training is of very great importance, not so much perhaps for the private nurse who is able to select her cases, though even she has personality problems to deal with in all cases of ordinary sickness, but certainly in all phases of public health, district or school nursing. A frank consideration of the problem children in schools, of the conditions of disease, malnutrition, filth and poverty in all communities would soon convince one that they are all most closely linked up with psychiatric problems and problems in mental hygiene; and all this constitutes a fair proportion, in some cases a large proportion, of the public health nurse's work.

The more these facts are recognized the more will there develop a demand for public health nurses who have had mental training. It would not be a great hazard to predict that within another decade no nurse would be accepted for the public health service in enlightened communities who has not had some training at least in psychiatric nursing.

Such a training would be best secured by reciprocal affiliation between general and mental hospitals. Failing this the next best scheme would be for the nurse to spend from three to six months in a mental hospital as a post-graduate student.

To provide such a training a post-graduate course was inaugurated at the Brandon Hospital for Mental Diseases this year. Three nurses took advantage of the course, one a graduate of the Vancouver General Hospital, one of the Royal Victoria Hospital, Barrie, and one of the Leith General Hospital, Edinburgh.

Under the arrangement at present in effect up to four graduate nurses can be accepted at one time for from three to six months each. They are provided with board, room and ordinary laundry during the course. The ward work is arranged so as to give the nurse the fullest opportunity of studying all abnormal psychological states and of gaining practical nursing experience in the care of such cases. She is also given an opportunity of learning something of the problem involved in the care and management of the large groups of patients in the chronic wards of a public hospital.

The course of lectures covers about eight weeks and includes some twenty-four or more lectures and clinical demonstrations by the medical staff besides four lectures by staff nurses on the nursing problems as seen from their point of view.

(Concluded on page 599)

## Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,  
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### *Treatment of Pulmonary Tuberculosis* *Common Symptoms and a few of the Important Measures*

By L. C. FALLIS, M.D., Chief Clinician, Queen Alexandra Sanatorium, Byron, Ontario

Active pulmonary tuberculosis may manifest itself in many different ways, depending largely on that particular group of symptoms which may predominate in each individual. These symptoms may be: (1) focal; (2) constitutional.

The focal symptoms are those experienced from the direct changes taking place in the lung tissue and, therefore, tend to draw one's attention to the chest as the "seat of trouble."

The constitutional symptoms are due to the absorption into the circulation of toxins produced by the disease. This toxæmia or poisoning may affect any organ of the body and thus does not draw the attention to the chest in particular. Symptoms, due to toxæmia, frequently come on so insidiously that it may take months to cause any appreciable change in the patient's condition.

It is unfortunate that the focal symptoms do not as a rule appear until some months after the onset of those due to the absorptive process, as the former indicates to the patient the source of the trouble and makes a much more urgent appeal for investigation.

Lucky is the individual who early in the game develops, like a bolt from the blue, a severe attack of pleurisy or has a sudden hæmorrhage, as these symptoms will almost invariably take him to his doctor and should result in an early diagnosis of tuberculosis. Frequently the less urgent but equally important constitutional symptoms are disregarded for months

or even years before they become severe enough to persuade the patient to consult his doctor. In the meantime there is steady increase of the disease in the lung.

We will first discuss a few of the more common constitutional symptoms, somewhat in the order in which they are likely to appear.

1. Fatigue. The patient notices he is tiring more easily than usual, and earlier and earlier in the day, until eventually it seems to be a continuous state. Frequently this symptom is passed up as "a generally run down" condition and possibly treated with tonics, etc.

2. Change of Mental Attitude. The toxic patient tends to become unduly upset over trifles. He may develop so many vague and transient aches and bodily complaints that these appear to originate only in his own mind and he gets little sympathy. Such patients are frequently in error labelled "Neuraesthesia."

3. Failure of the Appetite and Loss of Weight. A continuous loss of weight demands more than a tonic: it demands a satisfactory explanation.

4. Digestive Disturbances. Stomach and intestinal symptoms are so common and may so dominate the picture that the slight fever or morning cough and expectoration which are present are entirely overlooked. It is not uncommon for tuberculosis of the lungs to be treated for months as "stomach trouble" before the error is discovered.

5. A Rapid and Unstable Pulse Rate. An elevated pulse rate unduly affected by exertion is one of the most constant symptoms. Together with nervousness, loss of weight, etc., this



may lead to a mistaken diagnosis of "toxic goitre."

6. Fever. This is frequently only low grade (99 to 100). It may first be present only during the late afternoon or early evening and may manifest itself, if at all, only by flushing of the cheeks and chilly or feverish sensations of a transient nature. Such a fever may be entirely missed and a false sense of security imparted if the thermometer is not left in the mouth at least ten minutes at each reading.

7. Slumber Sweats. The old term "night sweats" is scarcely correct since the sweating may occur any time during sleep, day or night.

8. Cessation of the Menses. This is simply Nature's attempt to conserve failing vitality. There is a mistaken idea among many that "going into decline" is the result of cessation of the menstrual function.

#### *The Focal Group of Symptoms*

1. Cough and Expectoration. There is no cough that is typical of tuberculosis. Any cough that persists longer than one month demands the exclusion of tuberculosis as a cause. At first cough may be dry or may amount only to an irritation, with frequent desire to clear the throat. Sputum may not appear until some months after the onset of cough and then likely as a scanty purulent (yellow or greenish) expectoration, brought up on rising in the morning or after meals. Cough and expectoration may come first in the form of a "cold or grippe," but persist in spite of the measures effectual in such cases. People who are actually suffering from pulmonary tuberculosis frequently believe themselves the victim of "one cold after another." These are not actually true "colds," but are periods when their disease is more active than usual. Sputum which persists or recurs always demands examination for the presence of tubercle bacilli. That sputum which is expectorated the first thing in the morning is the best specimen

to save for this purpose. In Ontario, mailing containers for the purpose of sending specimens to the laboratory are supplied to physicians and specimens are examined at the provincial laboratories free of charge. Surely under such circumstances there is no excuse for failure to have sputum examinations made in every suspicious case. One must never rest content with one negative examination. Unless the focus of disease in the lung has reached the stage where ulceration into a bronchial tube has taken place, bacilli will not be found in the sputum. Repeated examination may be necessary before bacilli are found. Their presence is absolutely diagnostic of tuberculosis.

2. Spitting of Blood (or haemoptysis). Unless some definitely apparent cause for blood-spitting can be shown, this symptom alone calls for a careful chest examination and x-ray of chest if necessary, to rule out the presence of tuberculosis. It not infrequently happens that patients are put off by their doctor with the lame excuse that they have broken a vessel in their throat, an explanation which should never be accepted unless the bleeding vessel can actually be seen. There are a number of causes of haemoptysis other than tuberculosis, but until some other cause has been satisfactorily proven or if none other is found, tuberculosis must be accepted as the probable cause.

3. Pleurisy. Pleurisy with effusion has long been accepted as almost invariably due to tuberculosis. Dry pleurisy, unless it occurs along with an acute pneumonia, must be considered as due to tuberculosis in the great majority of cases. Dry pleurisy usually manifests itself by sharp pain in the side aggravated by breathing, but it may take the form of dull aching or soreness.

4. Recurrent hoarseness or loss of voice, while not necessarily due to tuberculosis by any means, is sufficient evidence for careful chest examination.

### *Some Factors in Treatment*

The most important factor by way of treatment, from a medical point of view of the active case of pulmonary tuberculosis is rest, *rest* and *MORE REST*, in the open fresh air as much as is possible, and supplemented by nourishing food in plentiful but not excessive amounts.

The healing of a lung in these cases, as you know, is by the formation of a very fine filament of scar tissue, which is at first very easily broken down, but which, if it is given an opportunity, will in time become very strong and tough and thus present a very effectual barrier to the progress of disease.

Now, a patient up and walking about requires the intake of air at least three times as great, and violent exercise as much as fifteen times, the volume of air required if the same patient were at rest in bed. One can thus see the advisability of staying in bed in order to decrease as much as possible the work required of the lungs. Moreover, you will remember the lymph is the channel through which the toxins are carried to the blood and absorption promoted. It is known that the lymph flow is practically nil when the organ is in a state of rest. Therefore, there would be a tendency to reduce constitutional symptoms, such as fever, sweats, gastric disturbances, etc.

Gastric upsets are very common in tuberculosis, and knowing this, one should lighten the work necessary for the stomach as much as possible. The amount of food required for a patient in bed is considerably less than if he were up and about, and much less than if he were on severe exercise.

Coughing and mental unrest are as severe, and may be much more severe, from the point of view of exercise, as to be up and about. Therefore, cough should be controlled where possible and otherwise treated. Mental rest is just as important as body rest. There must be relaxation of muscles

and peace of mind to obtain real results from the cure in bed.

As to length of time, each case must be considered individually, but one would feel that if the patient had symptoms making it advisable that he go to bed at all, he should remain there probably from three to six months at least, and perhaps a good deal longer. On the other hand, one has to avoid impressing the patient so much regarding the need of rest, that he gradually becomes afraid to accept even the prescribed exercise which one feels advisable and necessary, when the condition warrants it. in order for him to regain his former status so far as remunerative employment is concerned.

**Fresh Air.** To feel at our best we must have plenty of cool, fresh air circulating about our homes. Even in health indoor life tends definitely to lower vitality. Cold air coming into contact with our skins has a stimulating and refreshing effect upon us. Life in the open air means sunlight, and sunlight means life. The ultra violet rays, which are probably the most therapeutic factor in sunlight, are largely eliminated by glass, so that even the patient in the sun-room is losing in a large measure the benefit he would obtain in the open air. A warm, close room promotes loss of appetite, listlessness and general mental depression. The change when the patient is treated in the open is often very striking. The ideal arrangement would, of course, be an open porch with sunny exposure and protected from the wind.

Food is the fuel we feed our bodies in order that they may be able to supply the energy for the functioning of the various organs, the muscular exercise and to make repair in tissues for wear and tear losses. Taken in excess, food is stored up in body as fat. In tuberculosis there is need of sufficient to supply the general needs of the functioning body and to build up the worn out tissue due to the in-

(Concluded on page 602)



## Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,  
Miss MARY MILLMAN, Department of Health, Toronto, Ont.

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### *Supervision by Staff Nurses in Montreal Victorian Order of Nurses*

By ISABEL S. MANSON, Montreal

The staff meeting on discussion of supervisors by the public health nurses of Rochester, New York, and the similar discussion by the Vancouver Victorian Order of Nurses have been followed with keen interest by both staff nurses and supervisors in the Montreal V.O.N.

At the request of the supervisors, the staff nurses here were asked to discuss very freely whether or not they are getting the help they need from supervision, and to give any suggestions for improvement of the present system.

The question was discussed in each district first, the findings being recorded and read at the general meeting which was held in place of the April staff conference, Miss Moag, district superintendent, being present. Following the reports from the districts there was a general discussion.

How to introduce the supervisor in the home was the first point raised. The district reports differed in the opinions expressed, but after considerable debating a vote was taken and the almost unanimous agreement was, that the supervisor should be introduced as such, except in difficult families where the nurse feels it would be unwise. Many of the nurses expressed the opinion that the families usually guess that the "other nurse" is a supervisor however she is introduced, and also that many patients feel quite honoured to have her visit. The nurses feel that the custom of the supervisors helping with the nurs-

ing care does away with the embarrassment that might arise if she seemed to be a spectator.

The type of cases suitable for supervision was also discussed at some length. It was suggested that in most instances it is advisable that the supervisor consult with the nurse before going into a home. As a general rule it was felt that first day post-partum are not suitable cases, though sometimes such visits may be necessary. It was unanimously agreed that ante-natal visits cannot be satisfactorily supervised. The solution arrived at by each district separately was that the supervisor herself make one or two of the ante-natal visits, judging by these the standard of the previous visits made.

The point was raised in this connection that the supervisor's visits to the homes are not solely for the purpose of judging the nurse's work, but also to see the conditions of certain patients and to get a closer view of problem cases. This is also the supervisor's opportunity to keep in close touch with district work and to keep her thinking and her advice practical. To make the supervised visit most helpful to the nurse a thorough analysis of the visit should be made by the supervisor the same day or very soon afterward, with constructive criticism and encouragement wherever possible.

The question of records brought little discussion, for while records are frequently regarded as very tedious and time consuming, the nurses realize the need for accuracy

and full information. It was agreed that the best time to fill in the records is in the home at the completion of the visit.

The nurses expressed appreciation of the system that places a nurse in charge of a district, leaving her to arrange her work and do her own patients as far as possible. Some supervision of her management, it was agreed, however, is of benefit to the nurse, especially when her district is unusually heavy.

Two of the districts suggested that when the pressure of work is great, the supervisors should do the telephoning to social agencies and doctors who are difficult to reach during the nurses' office hours. After discussion, however, it was agreed that a supervisor who has not seen the case is not in a good position to discuss it with an outside agency. Also the loss of contact with the agencies is a serious handicap to the nurse in her work.

With regard to "problem cases" some of the nurses felt that not enough time was allowed for adequate consultation with supervisors and for handling cases in a satisfactory way. The majority seemed to have experienced no such difficulty unless when the work is particularly heavy. All were agreed on the value of discussing problem cases with the supervisor. The supervisor has a broader and more impersonal view, wider experience and better knowledge of the resources of the community, while the nurses know the more intimate de-

tails and the personalities to be dealt with.

In a centre having a large group of staff nurses it was thought advisable to have a staff council meeting at intervals for the discussion of problems primarily concerning the staff nurses.

In discussing the personal qualities desirable in a supervisor, the following points were emphasized: Full knowledge of field work; teaching ability; readiness to welcome suggestions of nurses; tact, and ability to avoid giving sense of failure and discouragement; realization that the supervisor's attitude toward the work and the organization reacts strongly on her nurses.

In the course of the local and general discussions, appreciation was expressed by the nurses for some of the features of the V.O.N. now in practice here. The system of staff education was especially mentioned. The two months' introductory course for the new nurses is given by the teaching supervisor and includes valuable lectures, demonstrations and discussions. For the staff nurses there are the district and general conferences where topics of interest to nurses are taken up and often papers and talks are prepared and delivered by the nurses themselves.

This constant stimulus helps to keep the nurse's thinking and reading abreast of the times and is considered one of the very great benefits to be derived from good supervision.

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(Continued from page 594)

For the present it is expected that two courses annually will be conducted, provided there are two or more applicants for each. One will begin about the first of October and

one about the first of January. Nurses could be accepted at other dates for ward experience but would not have the opportunity of attending the lectures.

(The Bulletin, July, 1928)



## *Mental Hygiene of Childhood*

### *A Short Course for Public Health Nurses*

By E. A. BOTT, Professor of Psychology, University of Toronto

During the past four years the Canadian National Committee for Mental Hygiene has provided facilities for conducting mental hygiene studies through co-operation with the Universities of Toronto and McGill. The purpose of the committee's research programme has been three-fold: First, to increase the present limited store of knowledge concerning the mental life and adjustments of childhood; second, to strengthen the research staffs of Canadian universities in this field; third, by these means to improve and elaborate the instruction available in child psychology and kindred branches.

This policy has already borne fruit and has justified its further extension. Numerous investigations with groups of children of school age and of pre-school age, and clinical studies of various types have been conducted and the results published; a highly trained staff has been developed and instruction along practical lines in this field is now possible for advanced students in arts and in medicine.

It is recognized, however, that not merely physicians and other technical specialists in this field require the advantages of special training but that in practice much of the success in preventive and adjustment work turns upon the skill and knowledge of those ranks of workers whose duties lie outside the confines of a clinic; in homes, in schools, and in the community generally. Nurses, social workers, occupational aides, as well as parents and teachers, etc., all have an important function to play in helping to carry into effect whatever principles are sound in mental hygiene practice. In fact it is coming to be seen that

mere diagnosis is but a half measure and must be supplemented by similar insight on the part of those who work with human material in its everyday settings. Moreover much of the routine work in the field of behaviour must of necessity be conducted without the advantages of clinical guidance. The situation can therefore only be met by a wide dissemination of knowledge of the essentials, but it is important to establish as close an understanding as possible between specialists and lay workers.

With this in view a special short course for public health nurses was planned last June through the St. George's School for Child Study at the University of Toronto. The aim was to illustrate the methods of studying and training young children in vogue at the school, the principles of instruction used in parent groups, and to bring the class into contact with numerous clinicians and others locally engaged in special lines of work with children. In this initial attempt to offer intensive training it was thought desirable to have a homogenous class and the Toronto Department of Health kindly co-operated by releasing from their field duties sixteen of its staff from its nursing, mental hygiene and social welfare services for the two weeks' period of the course, June 4th to 15th. The course was conducted daily from 9 to 5 o'clock at the school, which was still in session.

The work was divided under four main heads: parent education methods, nursery school observations, reading, lectures.

The first hour each day was taken with the class by the parent educa-

tion instructors who covered the essentials of the introductory study course for parents on habit training and emotion, illustrating parents' points of view and practice from the records of the school and comparing this with the practical experience of the class.

The management of children in their various activities at the nursery school, play, eating, toilet, workshop, sleeping, etc., was next observed by the class in small groups and the procedures afterwards discussed in conference with members of the staff. This afforded opportunity of demonstrating general principles in terms of practical social situations and also of appraising the acuity of class members in analyzing and interpreting child behaviour.

Carefully selected readings from a dozen of the best authorities were assigned and sufficient copies of these were provided in the school library, by the courtesy of the University Library. When not engaged in observation students could complete these readings during two hours each day. Analyses and synopses of the articles were required under supervision to ensure adequate evaluation of the material. The selection was designed to pave the way for subsequent wider reading on the topics upon the student's own initiative.

At 3 p.m. a formal lecture on some phase of child study was given, followed by a round-table discussion of the lecture topic or by presentation of specific case studies. A bound note-book of neostyled outlines, covering all phases of the course, with space for notes and observations by the student, proved a useful device and greatly facilitated supervision of the work.

In addition to the staff of the school, certain members of the university staff and officers from local clinics and institutions contributed to the course. These lectures, representing various angles of approach to child problems, were one of the most effective features of the course. The lecture topics scheduled were: The use of Statistics in Organizing and Interpreting Social Data; Psychological Tests for Young Children; The Significance of Heredity in Education; Problems of Nutrition with Children; Significance of Child Study for the Public Health Nurse; Neurological Factors Affecting Child Behaviour; The Retarded Pre-school Child; Personality, Make-up and Environmental Approaches; The Problem School Child; Care and Training of the Underprivileged Child; The Delinquent Child from the Angle of the Court; The Foster Child; Incipient Psychoses in Children; Co-ordination of Points of View for the Practical Worker.

The consensus of opinion on the part of the students and staff who took part in this course seems to be that a period of intensive training even though short can be very effective and helpful. Hitherto in Canada we have felt compelled to send our workers across the line for such instruction and we are under heavy obligation to our neighbours for the help they have always so generously given us. On the other hand our social problems are in a measure Canadian, and the time seems to be ripe for us to make a more constructive effort to provide better training facilities in our own Canadian centres. It is hoped that further special courses on somewhat broader lines than the above may in future be offered at our universities.

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### *Canadian Public Health Association*

The seventeenth annual meeting of the Canadian Public Health Association, held in Winnipeg, Manitoba, from October 11th to 13th, 1928, was attended by a Dominion wide representation.

Miss Elizabeth Russell, Winnipeg, presided over the session of the Public Health Nursing Section in the absence of Miss Jean E. Browne, chairman. The subject presented to the section in three excellent papers was that of "The Teaching of Health in Schools." Miss Rae Chittick, Calgary, ably discussed the subject from the standpoint of the Normal Schools; Miss A. E. Wells, Winnipeg, in a most interesting paper presented the topic as applied to elementary schools, while Miss Marion Lindeburgh, Regina, showed the great need for the subject being introduced into the high schools. Each speaker emphasized the need for more and improved methods of teaching health to the pupils and stimulating the interest of the parents, the teachers, the medical men, dentists, nurses, and the general public.

Nurses who addressed general sessions of the Association were: Miss Nan McMann, supervisor, Western Division, Victorian Order

of Nurses, who gave a delightful outline of "A Public Health Programme for a Community of Five Thousand." Miss Edith B. Hurley, Professor of Public Health Nursing, University of Montreal, presented "The Teaching of Health in the Home" in a most interesting paper.

Among the medical men who took part in the well prepared programme were representatives of federal, provincial and civic departments of public health, Canadian universities, federal departments of agriculture, and pensions and national health.

At a public meeting held on Thursday evening, October 11th, in conjunction with the Winnipeg Health League, the president of the Association, Dr. G. D. Porter, Toronto, addressed a large audience. This address was followed by a paper by Dr. J. W. J. Bell, Deputy Minister of Health, Ontario, on "Preventive Medicine from the Standpoint of the Public."

Among the social affairs arranged for the entertainment of the members were a reception at Government House, by His Honour, the Lieutenant-Governor of Manitoba, and a luncheon by the Mayor and Council of the City of Winnipeg.

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(Continued from page 597)

roads of the disease. Over and above this a small amount extra to promote a steady gain until the normal weight, or slightly above the normal, is reached. Excessive fat is not desired as it only increases the work of the lungs to supply the surplus with oxy-

gen, etc. Foods should be selected which will supply the needed "extra" nourishment with as little strain on the digestive system as possible. Such foods as milk, eggs (preferably slightly cooked), butter, cocoa, ovaltine, all seem to be suitable in most cases.

## News Notes

### INTERNATIONAL COUNCIL OF NURSES

The following information has been received from the Committee on Arrangements: Nurses who are planning to attend the Congress of the I.C.N. which is being held in Montreal from July 9th to 15th, 1929, are requested to send their applications for accommodation at an early date to the Committee on Arrangements, Royal Victoria Hospital, Montreal.

Rooms have been secured in hotels, convents and boarding houses at rates varying from \$1.00 to \$5.00 per day. The rates for rooms in the large hotels are as follows:

Single room.....	\$3.00 to \$ 4.00
Single room, with bath.....	\$5.00 to \$ 7.00
Double room.....	\$5.00 to \$ 7.00
Double room, with bath.....	\$8.00 to \$10.00
Large room, 3 persons.....	\$7.00 to \$10.00
Large room, 4 persons.....	\$8.00 to \$12.00

Rates for bed and breakfast in convents are from \$1.25 to \$1.50.

Rates in boarding houses vary according to location and accommodation offered.

On arrival in Montreal visitors are requested to report to headquarters—The Montreal High School, University St., for room assignment.

### ALBERTA

CALGARY: The annual business meeting of the Calgary Association of Graduate Nurses was held on September 18th at the Y.W.C.A. New officers were elected, and a satisfactory financial report was given by the retiring treasurer, Miss Ash. Miss von Gruenigen was again elected president; Miss MacLear, 1st vice-president; Miss Sherwood, 2nd vice-president; Miss A. C. McKee, treasurer; Miss Linton, recording secretary, and Miss Tarrant, corresponding secretary. It was decided to hold a bridge party on October 16th in the Belcher Hospital, for the purpose of raising funds for the Association.

Miss Agnes Kelly, who recently underwent an operation for appendicitis, is making a good recovery. Miss Amy Casey is recuperating slowly from a mastoid operation.

GRADUATE NURSES ASSOCIATION, EDMONTON: At the September meeting of the Association it was unanimously decided that each member would contribute \$2.00 towards the expenses of the Congress, International Council of Nurses. Miss B. Emerson gave a most interesting account of the Canadian Nurses Association convention, which was held in Winnipeg.

Miss Katherine Campbell has returned from a most enjoyable vacation spent in California.

### BRITISH COLUMBIA

VICTORIA: The quarterly meeting of the Graduate Nurses Association was held in Victoria, September 22nd, 1928; the president (Miss K. W. Ellis), in the chair.

Interesting reports of the Biennial Meeting of the C.N.A. were given by the delegates, Misses Ewart and Franks.

Ways and means of raising money to meet British Columbia's share of the expense of the meeting of the World Congress of Nurses in Canada in 1929, and of the proposed survey of nursing in Canada were discussed. It was decided that a notice be sent to each member of the Association requesting a contribution of three dollars: two towards the expenses of the International Congress and one for the proposed survey. The arrangements were left in the hands of a committee to be appointed by the chair.

The Public Health Committee reported the offer, through the Library Commission, of the use of the "Open Shelf" of the Provincial Library for reference books for nurses. The nurses and library to contribute jointly to supply the books, and the library to send out periodically a bulletin showing publications available at the library. This offer was accepted with enthusiasm and the library sub-committee congratulated on bringing about an arrangement for procuring reference text books that will be a boon, not only to the public health group but to all members of the profession in the province.

Dr. Berman, M.H.O., of Saanich, gave an interesting address to the public health group.

The programme of the Nursing Education Section was very interesting. Miss Cavers of the Vancouver General Hospital staff, gave a short resume of "Nurses, Patients, and Pocket Books," by Dr. May Ayres Burgess, and with Miss Dutton, of St. Paul's Hospital staff, led the discussion of this report of a study of the economics of nursing.

At the general meeting Mr. Ira Dilworth gave a delightful talk on "How and What to Read." The vocal numbers by the pupils of St. Joseph's Hospital were very much enjoyed. Afternoon tea was served by the Alumnae of St. Joseph's, and the evening refreshments by the Alumnae of the Jubilee Hospital. Out of town members were entertained at dinner by the Victoria Graduate Nurses Association.

The meeting was brought to a close by a vote of thanks to the Sisters of St. Joseph's Hospital for the excellent arrangements made for the meetings, and to all who assisted in the entertainment.

VANCOUVER: The regular monthly meeting of the Vancouver Graduate Nurses Association was held on October 10th, in the New



Home of the Vancouver General Hospital, Miss Ewart, president, in the chair.

Following the executive meeting, reports were read from the various committees, after which the main subject under discussion was the raising of funds for the B.C. contribution towards the expenses of the International Congress of Nurses in Montreal in 1929, and for the Nursing Survey. At the previous meeting, in September, there had been a general discussion as to the best manner of raising funds for this purpose. It was recommended that the matter be referred to the Committee of Ways and Means to bring in a recommendation to the Council as to the best way of approaching members and collecting the money. The Ways and Means Committee reported that at their meeting on October 3rd, it was suggested that personal canvass be made of all graduates whether actively engaged in nursing or not, money so collected to be handed in as their contribution to the fund. As Canada is hostess for the International Congress, it is confidently expected there will be no difficulty in raising B.C.'s share, as everyone was most enthusiastic.

Following the meeting, Prof. G. C. Wood, of the University of British Columbia, gave a most instructive and interesting talk on plays and books, which was much enjoyed by all.

**ST. EUGENE'S HOSPITAL, CRANBROOK:** Miss M. Diederichs, instructor, has returned after attending the Graduate Nurses Institute at the University of Washington, Seattle. She had the distinction, with Miss Mabel Dutton, instructor at St. Paul's School of Nursing, of representing the Canadian Schools at a dinner given by the Sisters of Providence in the magnificent new nurses home just completed. The dinner was given in honour of Miss Annie Goodrich, dean of the Yale University School of Nursing, and Miss Mary Roberts, editor of "The American Journal of Nursing."

The quarterly meeting of the Alumnae was held in the reception room of the nurses home in the last week in August. Owing to the absence of the president, on account of illness, the season's social functions were not determined.

Sister John Gabriel, B.A., educational director of the schools controlled by the Sisters of Providence in the Northwest, made her annual visit to the school recently and gave a series of lectures on psychology to the first year students, and diet in disease to the second year students.

We are pleased to be able to report that Mrs. Ashton Powers, president of the Alumnae, who has been confined to the hospital at Nelson with typhoid fever, has sufficiently recovered to be taken to the home of her mother at Ainsworth, where she is now convalescing.

Miss Helen Randal, provincial inspector for the Graduate Nurses Association, visited this school officially early in September.

St. Eugene's School of Nursing has lately changed administration. Sister Florida, the former superintendent, has been relieved of that office to confine her activities to the entire charge of the surgical department. Sister Florida is succeeded by Sister M. Celina, a graduate of the school and a registered nurse in the province, who has been in charge of the laboratory and record department at St. Eugene Hospital. Sister M. Celina has had several years of experience in hospital work on the coast and latterly has been occupied in studying school administration and principles of teaching in schools of nursing at the University of Washington, Seattle.

**EAST BURNABY:** Miss Florence Erickson has resigned from the V.O.N. to accept a position with the Rotary Clinic, Vancouver.

### MANITOBA

**BRANDON:** Miss Ruby Dickie, of the Public Health staff, Brandon, has been transferred to West Kildonan. On her departure from Brandon she was the recipient of a lovely compact from the Graduate Nurses Association.

Miss Lynch, superintendent of the Brandon Mental Hospital, has left for several months to take post graduate work at Bloomingdale, White Plains, N.Y.

Miss R. F. Roe (Children's Hospital, Winnipeg, 1927), has been appointed public service nurse, Provincial Board of Health.

Mrs. W. A. Kidd is away on an extended visit to Europe.

Miss Allen Stuart (1928), has joined the Public Health Staff and is stationed at Melita.

Miss Christine McDonald (1927), has accepted the position of matron of the Virden Hospital, with Miss Violet Kerbyson (1927), as her assistant.

Miss Helen Morrison, supervisor of the operating room, has left on a six months' holiday in California. Miss Marion Thomson (Winnipeg General Hospital, 1923) is taking her place.

**ST. BONIFACE HOSPITAL, ST. BONIFACE:** Miss P. Bresnan has returned from a motor trip to the East, and Miss S. M. Wright from one to Alberta.

Miss Gladys Mayberry (New York) and the Misses Viola and Bernice Phillips (Iron Mountain, Mich.) were recent visitors in Winnipeg.

**GENERAL HOSPITAL, WINNIPEG:** Miss I. Asher (1903), of Long Beach, California, was a visitor in Winnipeg in September.

Mrs. Bruce Hill (Brown, 1901), who underwent an operation in Rochester early in September, is home and improved in health.

Miss Catherine de N. Fraser (1906), left during the latter part of September for Montreal.

Miss E. M. Fraser (1915), has returned home after spending some time on the staff of the Treloar Cripples Hospital, at Alton, England.

Miss B. F. Raymond (1910), of New York, was a visitor to the city in September.

Sympathy is extended to Miss C. Munro (1910), in the death of her mother, in Scotland.

Miss Irene Harris (1919), has left to resume her work under the Canadian United Church Mission, Szechuan, W. China, after more than a year at home.

Miss Etta Deacon (1911), has returned from Vancouver.

Miss E. M. McCorquodale (1920), has resigned her position on the staff of the Winnipeg General Hospital, and is spending the winter in Honolulu.

Miss Eva Symonds (1919), has accepted a position in the hospital at Norway House.

Miss Helen Halloway (1925), has accepted a position on the operating room staff, Victoria Hospital, Prince Albert.

Miss Nettie Fallis (1907), of Seattle, Wash., was a visitor to Winnipeg recently.

### NEW BRUNSWICK

VICTORIA HOSPITAL, FREDERICTON: Miss Kathleen V. Doucette (1927), has accepted a position on the staff of the Victoria Order at Halifax, N.S.

Miss Ella M. Cochrane (1925), has resumed her duties on the staff of The Dobbs Ferry Hospital, Dobbs Ferry, N.Y., after spending her vacation in St. John, N.B.

Misses Helen Biggs (1924), Anna F. Hallett (1919), and Elizabeth Groom (1919), of the staff of Mt. Kisco Hospital, N.Y., and Miss Vera Shaw (1924), of the staff of the Wesson Obstetrical Hospital, Springfield, Mass., spent vacations in Fredericton.

Mrs. Donald A. Sommerville (Helen Parker Glasier, 1925), and son are the guests of her parents at Lincoln, N.B.

Miss Adelaide Baker (1925), has resumed her duties on the staff of Mors Hill Hospital.

Miss Emma Wark (1926), has returned to her home, Presque Isle, Maine.

Mrs. James Mavor (Jennie McKim, 1915) and children have returned to Fredericton.

The Graduate Nurses Association held their annual picnic at Island View, at the home of Mrs. Hagen Everett (Ethel Key, 1918).

Miss H. B. McKay has resigned her position as supervisor of the V.O.N. in Fredericton, to the regret of the many friends she has made during the 3½ years of her stay. Before her departure Miss McKay was presented with several beautiful gifts by the V.O.N. and her fellow workers. Miss McKay has returned to her home in Nova Scotia and will take a much-needed rest.

Miss Ada Burns, formerly supervisor of the V.O.N. in Sydney, N.S., has accepted the position made vacant by the resignation of Miss McKay.

MONCTON: Miss Ida Bull (Victoria Hospital, London, Ont.) of the staff of the V.O.N. has been transferred to the Windsor staff, V.O.N.

GENERAL PUBLIC HOSPITAL, SAINT JOHN: Miss Margaret Barnes and Miss Goldsmith (1927), have returned from vacation.

Mrs. Henry Hedden (Freda Patterson, 1917), of Memphis, Tenn., and Mrs. R. A. McCullough (Gretchen Turner, 1914) of Columbia, South America, spent the summer here.

Miss Lyle Gregory, of the staff of the Lancaster D.S.C.R. Hospital, and Miss Cynthia Scott, of the staff of the St. John County Hospital, have been away on vacation.

A very successful bridge was held in the Nurses Home on September 26th by the graduate nurses and dietitians of the hospital. The proceeds, amounting to \$125.00, will go towards a new tennis court.

### NOVA SCOTIA

HALIFAX: The regular meeting of the executive of the Registered Nurses Association of Nova Scotia was held at the Dalhousie Public Health Clinic on October 25th, 1928.

Miss Gertrude J. Crosby, of Morien, C.B., formerly on the staff of the Massachusetts-Halifax Health Commission, has returned to Halifax and is at present reorganizing Junior Red Cross work in the public schools.

The following have now returned from vacations: Miss A. Edith Fenton, Miss Hilda MacDonald, and Miss Maud Hall, of the Public Health Department, Dalhousie University; Miss Freda M. Himmelman and Miss A. Innis.

Recent visitors to Halifax included: Miss Mary Shannahan and Miss Margaret Buchanan, graduates of the Victoria General Hospital; Miss Hilda Roberts, of Providence, R.I.

Her many friends will be pleased to learn that Miss Margaret M. Martin, superintendent of the P.M. Hospital, Windsor, has recovered from her recent illness.

### ONTARIO

Paid-up subscriptions to "The Canadian Nurse" for Ontario in October, 1928, were 1,163, 19 more than previous month.

### APPOINTMENTS

Miss M. McFall has been appointed to succeed Miss M. Johnston, Victorian Order of Nurses, Cobalt.

Miss Catherine Irwin (Hamilton General Hospital), V.O.N., has been transferred to the staff at London.

Miss Alberta Creasor (Hamilton General Hospital), has been appointed to the staff of the V.O.N. in Hamilton.

Miss Dell McGregor (Winnipeg General Hospital), has been appointed assistant to Miss Jackson, district superintendent, V.O.N., Ottawa district.

Miss Edith Carson (Wellesley Hospital, Toronto, 1925), private ward supervisor at the Wellesley Hospital.

Miss Doris Selby (Wellesley Hospital, 1928), operating room assistant, Wellesley Hospital.



Miss Edith Jackson (Wellesley Hospital, 1923), night supervisor, Wellesley Hospital.

Miss Alice Hunter (Toronto General Hospital, 1927), is in charge of Ward "A," Toronto General Hospital.

Miss Marion Elliott (Toronto General Hospital), assistant night supervisor, Private Patients' Pavilion, Toronto General Hospital.

Miss Alice Colling (Toronto General Hospital, 1928), to the staff at Burnside, Toronto General Hospital, succeeding Miss Helen Willoughby, resigned.

Miss Mary Buchanan (Toronto General Hospital), instructor of nurses, Memorial Hospital, St. Thomas, Ont.

#### DISTRICT 1

CHATHAM: At a joint meeting of the Alumnae Associations of the Public General Hospital and St. Joseph Hospital, held October 8th, 1928, it was decided upon that 12-hour duty be practised in both hospitals by the private duty nurses. This ruling was put into effect on October 15th, 1928.

A course in Physical Training under the direction of Miss Muriel Kennedy has been arranged for the student nurses of the Public General Hospital.

A Glee Club has also been organized for the students of the Public General Hospital under the direction of Mr. Geo. B. Cumming, director of Park St. United Church Choir.

#### DISTRICT 2

BRANTFORD: The quarterly meeting of the Registered Nurses Association of Ontario District 2, was held September 19th, in the Brantford General Hospital. Miss M. Buck, Simcoe, acting chairman, was in the chair.

The afternoon programme opened with a business session, which was followed by an exceedingly able illustrated address by Dr. E. S. Hicks on his trip around the world. Views of hospitals in Japan, India, Spain, Italy, Egypt, Honolulu, and the Philippines were thrown on the screen in interesting succession, and the lecturer gave a most graphic account of the various methods of hospital work in each.

High tea was served at 6.30, and proved a happy affair.

Miss H. Potts gave an exceedingly fine report of the biennial meeting, C.N.A.

Miss Emory, president of the Registered Nurses Association, the speaker of the evening, had as her theme the organization of the Association. Her outstanding address proved particularly helpful and inspiring to her interested audience. She reviewed and outlined the history of modern nursing.

Information was also given regarding the meeting of the International Council of Nurses and the subject of Canadian nurses as hostesses was dealt with.

The following officers were elected: Chairman, Miss M. Buck, Simcoe; vice-chairman, Miss E. Webster, Owen Sound; secretary-treasurer, Miss Booth, Simcoe; Councillors, Miss Jean Davidson, Paris; Miss G. Durrard, Simcoe, Miss Jefferson, Woodstock; Miss M. Snider, Preston; Miss C. Kaempe,

Guelph; Miss O. Young, Stratford; Miss G. Rusk, Owen Sound.

Miss Helen Potts was appointed to the ways and means committee to interest high school students in the profession of nursing, and Miss McCormack as convener of the finance committee, to raise funds for the meeting of the International Council of Nurses. At the close of the meeting hearty votes of thanks were passed to Miss McKee, Dr. and Mrs. Hicks, and committees responsible for the success of the event.

GENERAL HOSPITAL, BRANTFORD: The alumnae held its October meeting at the Nurses' Residence, October 2nd. Miss D. Arnold, acting president, was in the chair. The speaker of the evening was Dr. G. Harris, who gave an interesting illustrated lecture on London, England, pointing out the beauty spots and places of interest. An enjoyable pianoforte duet was given by the Misses Blackwell and Mann. There was a large attendance.

Miss Hopkins, Red Cross Hospital, St. Joseph's Island, has completed a refresher course in surgery and has left for Thesalon.

Miss Meyer, graduate of Lindenhof-Rot, Kreuz, Berne, Switzerland, is at the Brantford General Hospital taking a course in general nursing to become acquainted with Canadian methods.

Miss Blackman (1925), was among the passengers on the C.N.R. train sideswiped near Aldershot October 4th, and gave timely and valued assistance to the injured.

#### DISTRICT 4

GENERAL HOSPITAL, HAMILTON: Miss Anna Coutts is at home recuperating from a serious illness. Mrs. Helen Blake is improving after a thyroidectomy.

The Misses Mae Wright, Gladys Stoneman, Margaret and Etta Parsons, are doing general duty in Presbyterian Hospital, New York, and the Misses Mary Langford and Helen Fawlkner are doing general duty at the Receiving Hospital, Detroit, Mich.

Miss Snell, for the last ten years supervisor at Southam Maternity Home of Hamilton General Hospital, has resigned.

Miss A. Creason, who has been with the V.O.N. at London, has been transferred to the Hamilton district.

Mrs. Rose Hess has returned to Hamilton and is doing private duty nursing.

#### DISTRICT 5

REGISTERED NURSES ASSOCIATION OF ONTARIO: The regular fall meeting was held at Barrie on September 22nd, when members attended from Midland, Collingwood, Orillia, Toronto and Barrie. At the short business session, plans for the membership campaign of October and November were discussed; also the appeal of the Finance Committee for contributions towards expenses of the Congress, International Council of Nurses, in 1929. Tea was served by the Alumnae of Royal Victoria Hospital, Barrie. At the evening session Miss Ruby Hamilton, of the Ontario Red Cross, gave an interesting address, "Impressions of the International

Course at Bedford College, London, England". After enjoyable vocal solos by a well-known local boy soloist the meeting closed with a discussion on the value of affiliated courses.

Miss Annie Campbell, operating room supervisor, Memorial Hospital, St. Thomas, has returned from Montreal after completing a two-months' post-graduate course in operating room technique.

TORONTO: Miss Mary Millman, of the Department of Health, Toronto, recently returned to Toronto after having spent the past five months in Europe. During this time she visited various nursing and hygiene centres in Austria, Hungary, Czechoslovakia, Roumania, Jugo-Slavia, France (Paris) and Belgium. Miss Millman met several students who have been in Toronto and had the opportunity of seeing the work they are carrying on. In England and Scotland she had the pleasure of renewing acquaintance with some of the nurses who have visited Toronto, and was fortunate enough to be in London for the presentation of certificates to the students taking the International Course at Bedford College, and to meet former students returning for the summer session.

Miss Ruby Hamilton, director of field nursing, Ontario Red Cross, has returned to Toronto, having spent the past twelve months taking a course at Bedford College, London, England. This course is held in conjunction with the College of Nursing Course and was organized by the League of Red Cross Societies in 1920.

Miss Jean E. Browne, Director of Junior Red Cross for Canada, has returned from Bedford College, London, England, where she gave a course of lectures on "The Principles of the Teaching of Public Health" at the summer school for nurses.

GENERAL HOSPITAL, TORONTO: The first regular meeting of the Alumnae was held in the Nurses Residence on October 3rd. The speaker of the evening was Miss Ruby Hamilton, who spent last year taking a special course in public health nursing at Bedford College, England, on a Red Cross Scholarship. Miss Hamilton mentioned that the firm establishment of dental clinics in schools made for rapid strides in dental work in England. In the course of her address she told something of the course at Bedford College, established by the League of Red Cross Societies after the war, and briefly outlined her studies during her twelve months abroad. The twenty-two students in the public health course represented twelve countries, and included a woman doctor from India and two Chinese nurses. In Belgium Miss Hamilton studied Child Welfare work at one of the oldest hospitals in Europe, built in the twelfth century. During her ten days in Paris she saw something of the Social Service work in the hospitals, visited the Pasteur Institute, and studied rural public health work in the Aisne district.

Miss Vivien Lane (1922), who has been on the staff of the Henry Ford Hospital for the

last two years, has resigned, and is now with Dr. C. L. Douglas, Detroit.

Miss Eleanor Wheeler (1924), Miss Isabel Parks (1925), and Miss Phyllis Mosley (1927), Misses Margaret Henderson and P. Steves (1928), are taking the course in Public Health Nursing at the University of Toronto.

Miss Helen Willoughby (1926) has resigned from the staff at Burnside, Toronto General Hospital, and is succeeded by Miss Alice Colling (1928).

Miss Lane is taking a four months' course in laboratory work in a Detroit hospital.

HOSPITAL FOR SICK CHILDREN, TORONTO: A very successful garden party was given by the Alumnae on September 12th. The guests, numbering about three hundred, were received by Miss Hazel Hughes, president of the Association, Mrs. Langford (Marion Starr), the former president, and Mrs. Reed, convener of the ticket committee. Others who assisted were: Mrs. Smith, convener of the tea room; Mrs. O. C. Little and Mrs. Arthur Woodcock, in charge of the touch-and-take table; Mrs. Wainwright, convener of raffles, and many other members of the Alumnae, who contributed largely to the success of the afternoon. Fortune tellers in costume were a popular feature and the entertainment as a whole brought a substantial sum to the Alumnae treasury.

WESTERN HOSPITAL, TORONTO: Miss Mary Ogilvie has completely recovered from her recent severe illness and has again resumed her work with the Private Duty Section.

Miss Helen Harvey, (1921) and Miss Myrtle Fawcett (1922) have enrolled for the special course for public health nurses at the University of Toronto.

Miss Marion Daly (1924) has recently returned to New York after spending several months on the Continent.

In order to augment the funds in the treasury the Alumnae is endeavouring to collect a "mile of nickels". A member from each year is responsible for communicating with each graduate of her class in connection with the campaign.

Miss Mary McCamus (1920) has been awarded a scholarship by the Alumnae for one year's course with the Department of Public Health Nursing, University of Toronto. During the absence of Miss Gladys Sharpe Miss McCamus has been instructor of probationers at the Western Hospital.

Miss Rahno Beamish (1920) has recently completed a course in Hospital Administration at McGill University and is now relieving Miss Cunningham as instructor in practical work for probationers at the Western Hospital.

Miss Gladys Sharpe (1925), having completed the Teachers' Course at McGill University, has resumed her duties as probation instructor at Toronto Western Hospital.

#### DISTRICT 9

TIMMINS: Miss Marjorie Stevens (McGill University, 1928), is relieving on the staff of the V.O.N. for Miss Emma Elliott, who is ill.



### QUEBEC

**LACHINE:** Miss M. Argue has resigned her position on the staff of the V.O.N. to accept a position with the Dominion Engineering Co., of Lachine. Miss Leduc has been appointed to succeed her.

**WESTERN HOSPITAL, MONTREAL:** Miss Hazel Kerr, who has been doing private duty nursing in Paris (France), has returned to Montreal.

Miss Ethel Bradley has returned to New York, where she will engage in private duty nursing.

**ROYAL VICTORIA HOSPITAL, MONTREAL:** Miss Allison Spriggs (1925), is doing special nursing in Neuilly-sur-Seine, France.

Miss Elsie Alder (1921) has accepted a position at Avon Old Farms, Avon, Conn.

Miss Ella Moffatt (1919) is doing special nursing in Los Angeles, Cal.

Miss Grace Moffatt (1921) is now in charge of Chipman Memorial Hospital, St. Stephen, N.B.

Miss K. Jamer (1927) has been appointed surgical supervisor, R.V.H.

**HOMEOPATHIC HOSPITAL, MONTREAL:** The sincere sympathy of the Alumnae is extended to Miss I. Chisholm in the loss of her mother, and to Miss M. Churchill in the loss of her father.

Miss T. H. Whitmore has accepted an appointment to the staff.

**SHERBROOKE:** The regular meeting of the Eastern Townships Graduate Nurses Association was held on September 13th. Sunshine bags were handed in which realized the sum of \$20.00.

The marriage of Miss Florence Elizabeth Gunning, of Montreal, to Mr. Henry Wallace Argall, of Three Rivers, P.Q., took place recently in Sherbrooke, P.Q. Mr. and Mrs. Argall will reside in Three Rivers, P.Q.

**JEFFERY HALE'S HOSPITAL, QUEBEC:** The first meeting of the Association since April, 1928, was held on the evening of October 1st. Dr. Elliott, of the Anglo-Canadian Pulp and

Paper Plant, gave a very interesting lecture on "Surgery and Medicine in First-Aid Work and Industrial Nursing".

Miss F. O'Connell (1926) has been appointed nurse-in-charge of the First Aid Department, Anglo-Canadian Pulp & Paper Plant.

Sympathy is extended to Mrs. S. Baptist and her sister Miss M. E. Savard, in the death of their father.

### SASKATCHEWAN

**VICTORIA HOSPITAL, PRINCE ALBERT:** At the 1928 graduation exercises the following nurses received diplomas: Misses Winifred A. Nixey, Eliz. J. Dykeman, Phyllis Janette Jardine, Leah Evelyn Adams, Winnifred Pearl Peck, Muriel Gertrude Hornby, and Mrs. Hilda Grace Orr. The Dr. J. M. Humphries prize for first in general proficiency was awarded to Miss Nixey; Miss Jardine won the prize presented by Mr. F. W. Wright for the highest standing in practical nursing, while Miss Adams won the second prize in both. Following the exercises dancing was engaged in by the nurses and their friends.

### C.A.M.N.S.

**ST. JOHN:** The Overseas Nurses Club will hold their annual dinner in St. John on the evening of November 12th. All nurses wishing to attend should communicate with the secretary, E. S. Cambridge, 133 King St. East, St. John, N.B.

### VICTORIAN ORDER OF NURSES

The following scholarships have been awarded for 1928-1929: Miss Anna MacFarland, McGill University; Miss Bessie Wilson, Toronto University; Miss Rhoda Campbell, Toronto University; Miss Marguerite Rivard, Montreal University; Miss Winnifred Ashplant, Western University; Miss Eileen Wright, University of British Columbia; Miss Marion Wismer, University of British Columbia.

### BIRTHS, MARRIAGES AND DEATHS

#### BIRTHS

**BROWNLEE**—In August, 1928, to Dr. and Mrs. G. Brownlee (Beatrice Tregunno, Hamilton General Hospital, 1921), a daughter.

**CHINNECK**—On September 23rd, 1928, at Edmonton, to Mr. and Mrs. C. C. Chinneck (E. M. McRae, Royal Alexandra Hospital, Edmonton), a son.

**DAWSON**—On October 11th, 1928, at Millbrook, Ont., to Mr. and Mrs. Gerald Dawson, Bailieboro (Mildred Smythe, Toronto General Hospital, 1926), a son (David Edgar).

**DUREY**—In July, 1928, at North Bay, to Mr. and Mrs. George E. Durey (Mrs. Martyn, Wellesley Hospital, Toronto, 1922), a son.

**DONOVAN**—On August 25th, 1928, at Fredericton, to Mr. and Mrs. Trafford Donovan (Marion Hanson, Victoria Hospital, Fredericton, N.B., 1916), a daughter.

**ERSKINE**—On August 27th, 1928, at Montreal, to Mr. and Mrs. Douglas Erskine (Emma Carmichael, Royal Victoria Hospital, Montreal, 1917), a daughter.

**FRASER**—On August 25th, 1928, at Montreal, to Mr. and Mrs. John Fraser (Annie Smith, Royal Victoria Hospital, Montreal, 1925), a daughter.

**GENN**—On August 22nd, 1928, at Montreal, to Mr. and Mrs. Genn (Christine McCormack, Royal Victoria Hospital, Montreal, 1925), a son.

GRANT—On September 16th, 1928, at Vancouver, to Mr. and Mrs. George Grant (Dorothy Patchett, Vancouver General Hospital, 1925), a daughter.

HILLIER—On September 26th, 1928, to Mr. and Mrs. H. Hillier (Myrtle Smith, Jeffery Hale's Hospital, Quebec, 1922), a daughter.

McCAFFERTY—On September 12th, 1928, at Oromocto, N.B., to Mr. and Mrs. Thomas McCafferty (Mary Halloran, Victoria Hospital, Fredericton, N.B., 1925), a son.

MacDONALD—On August 26th, 1928, at Vancouver, to Mr. and Mrs. Gordon MacDonald (Eleanor Lovdere, Vancouver General Hospital, 1924), a daughter.

MacINTYRE—On August 29th, 1928, at Montreal, to Mr. and Mrs. MacIntyre (Irene Jackson, Royal Victoria Hospital, Montreal, 1918), a son.

RAYMOND—Recently, to Mr. and Mrs. Raymond (Mary Shuttleworth, Hospital for Sick Children, Toronto, 1924), a son (William Joseph).

ROBERTSON—On September 19th, 1928, to Mr. and Mrs. Murray Robertson (Glenna Rooke, Hospital for Sick Children, Toronto, 1917), a son.

WILKINSON—Recently, to Dr. and Mrs. Frank Wilkinson (Martha Bateman, Hospital for Sick Children, Toronto, 1922), a daughter (Jean).

#### MARRIAGES

ANDERSON—MACFARLANE—On August 27th, 1928, at Montreal, Lyle Macfarlane (Royal Victoria Hospital, Montreal, 1920) to Dan Anderson. At home—Montreal.

ANDERSON—WEBBER—On September 29th, 1928, at Hamilton, Gladys Hobbs Webber (Hamilton General Hospital, 1925) to W. Anderson.

BEYEA—DODGE—On August 29th, 1928, at Hammond River, N.B., Mildred Pearl Dodge (General Public Hospital, St. John, 1926) to Edgar Beyea, of St. John, N.B.

BOOLE—McDONALD—On September 10th, 1928, at New York, Nellie V. V. McDonald (Victoria General Hospital, Halifax), of Truro, N.S., to Ainsley A. C. Boole, of Mamaroneck, New York. At home—Long Island City.

BRIDGES—De NIKE—On September 8th, 1928, at Colborne, Ont., Dorothy De Nike (Wellesley Hospital, Toronto, 1923) to Samuel Williard Bridges, Jr., of Boston, Mass.

CARTWRIGHT—PEARSON—On September 3rd, 1928, M. Pearson (St. Boniface Hospital, Man., 1920) to J. Campbell Cartwright. At home—Winnipeg, Man.

CHAPMAN—HUNT—On September 18th, 1928, at Prince Albert, Kate Clara Hunt (Victoria Hospital, Prince Albert, Sask., 1925) to Arthur Chapman, Yorkton, Sask.

COULTHARD—COUSINS—On August 2nd, 1928, Gladys Cousins (Wellesley Hospital, Toronto, 1922) to S. W. Coulthard, of Toronto.

EARLY—JACKSON—On August 29th, 1928, at Brampton, Ont., Edith Jackson (Wellesley Hospital, Toronto, 1928) to Ewart Early, of Brampton.

FLANAGAN—GOODSPEED—On August 1st, 1928, at Fredericton, Gladys Goodspeed (Victoria Hospital, Fredericton, 1927) to Frederick Flanagan.

FLETT—BURTON—On June 21st, 1928, at Toronto, Dorothy Burton (Wellesley Hospital, Toronto) to Frank Flett, of Toronto.

HANNAH—ELLIOTT—On September 1st, 1928, at Brandon, Man., Marion Catharine Elliott (Brandon General Hospital, 1926) to Howard Eldon Hannah.

HIGGINS—RYAN—On August 29th, 1928, Stella Mabel Ryan (Carney Hospital, Boston) to John Kerr Higgins. At home—St. John, N.B.

HOYT—FRASER—On October 2nd, 1928, at Moncton, N.B., Dorothy Alice Ruth Fraser (General Public Hospital, St. John, 1917) to Lloyd Albert Hoyt, of Hoyt, N.B.

HYNES—CORMIER—In September, 1928, at Waltham, Mass., Doris E. Cormier (Manhattan Hospital, 1922), of Sydney, N.S., to Thomas E. Hynes, of Wayland, Mass.

KELLY—BELL—On August 27th, 1928, Edna Bell (Winnipeg General Hospital, 1924) to John Kelly, of Elm Creek, near Winnipeg, Man.

KERR—GORDON—On August 31st, 1928, Stella Gordon (St. Boniface Hospital, Man.) to Douglas R. Kerr.

KNIGHT—LOW—On May 12th, 1928, Elizabeth S. Low (Wellesley Hospital, Toronto, 1920) to Arthur R. Knight, of Uxbridge, Ont.

LEEMING—BECKETT—On August 4th, 1928, at Brantford, Pearl Beckett (Wellesley Hospital, Toronto, 1927) to Charles Leeming, of Chicago, Ill.

LITTLE—LANG—Recently, at Toronto, Augusta Miriam Lang (Toronto General Hospital, 1919) to Charles Edward Little, of Fenelon Falls, Ont.

McCULLOCH—BROWN—On August 29th, 1928, at Davis, Sask., Marion S. Brown (Victoria Hospital, Prince Albert, Sask., 1923) to Mervin E. McCulloch.

MACNAUGHTON—HENRY—Recently, at Montreal, Doris Evelyn Henry (Royal Victoria Hospital, Montreal, 1928) to Moray Fraser Macnaughton.

MacPHERSON—FLANAGAN—On June 25th, 1928, at Fredericton, N.B., Bernadine Flanagan (Victoria Hospital, Fredericton, 1927), to Amos MacPherson.



McDOWELL—HODGAN—On September 6th, 1928, Marjorie I. Hodgan (Queen Victoria Hospital, Revelstoke, B.C., 1926) to Reginald H. McDowell, of Kerrisdale.

NEVIN—HANNAH—In August, 1928, Margaret Hannah (Royal Victoria Hospital, Montreal, 1898) to Anthony Nevin. At home—London, Ont.

RENNICK—SPENCE—On September 22nd, 1928, at Oakville, Ont., Jessie Spence (Hamilton General Hospital, 1924) to Harry Rennick, of Hamilton. At home—Kitchener, Ont.

ROBSON—BOYD—On September 9th, 1928, at Toronto, Millicent Boyd (Wellesley Hospital, Toronto, 1926) to Dr. Douglas Robson, of Timmins, Ont.

RUMBALL—CLAPPERTON—On September 28th, 1928, Georgia Clapperton (Toronto General Hospital, 1923) to W. Clare Rumball, M.D., of Hamilton.

SNOWDEN—REID—On August 15th, 1928, in Saskatoon, Effie L. Reid (Victoria Hospital, Prince Albert, Sask., 1927) to M. G. Snowden.

STOKEY—HOSKING—On May 30th, 1928, at Chissamba, Africa, Sybil Hosking (Hamilton General Hospital, 1922) to Dr. Stokey.

SYER—DYMENT—On September 12th, 1928, at Dundas, Ont., Jessie Dymont (Hamilton General Hospital, 1927) to Dr. George E. Syer. At home—Cayuga.

SYMONDSON—MELVIN—On July 12th, 1928, at Montreal, E. M. Melvin (Winnipeg General Hospital, 1916) to S. Symondson. At home—Three Rivers, P.Q.

TOMPKINS—JOHNSON—On June 26th, 1928, at Maugerville, N.B., Bertha M. Johnson (Victoria Hospital, Fredericton, 1924) to Herman Tompkins.

ULCH—WIGLE—On October 12th, 1928, at Kingsville, Ont., Dorothy Brown Wigle (Chatham General Hospital, 1926) to Josiah Ulch, of Detroit, Mich.

WAASON—TELFER—On June 23rd, 1928, at Montreal, Jessie J. Telfer (Montreal Western Hospital, 1918) to George L. Waason, of Rochelle Centre, Long Island, U.S.A.

WARD—MOSELEY—On September 29th, 1928, at Montreal, Isabel Moseley (Royal Victoria Hospital, Montreal, 1926) to Dr. Vance Ward.

WATSON—HOUNSON—On August 25th, 1928, Dorothy Hounson (Winnipeg General Hospital, 1927) to Robert Watson. At home—Halifax, N.S.

WATSON—SMITH—On September 22nd, 1928, at Tillsonburg, Ont., Florence Fenton Smith (Wellesley Hospital, Toronto, 1925) to James Morrison Watson, of London, Ont.

WHITE—BISSETT—On September 8th, 1928, at Montreal, Helena Blanche Bissett (Royal Victoria Hospital, Montreal, 1926) of Windsor, N.S., to Dr. George Milburn White, of Marysville, N.B.

WILSON—CARRELL—On September 21st, 1928, at Toronto, Katherine M. Carrell (Toronto Western Hospital, 1922) to Harold Wilson, of Toronto.

WRINCH—TIER—On September 29th, 1928, at Toronto, Jean Tier (Toronto Western Hospital, 1925) to Sidney Wrinch, of Toronto.

YOUNG—BLACKFORD—On October 4th, 1928, at St. John, Helen Maude Blackford (General Public Hospital, St. John, 1923) to Samuel Young, of Freeport, N.S.

#### DEATHS

WHITELAW—On August 12th, 1928, at Edmonton, Mrs. J. H. Whitelaw (Olive Bailey, Guelph General Hospital).

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#### REGISTRATION OF NURSES, PROVINCE OF ONTARIO, EXAMINATION ANNOUNCEMENT

An examination for the Registration of Nurses in the Province of Ontario will be held in November.

Application forms, information regarding subjects of examination, and general information relating thereto may be had upon written application to Mrs A. M. Munn, Reg.N., Parliament Buildings, Toronto. No candidate will be considered for examination unless the completed application form, accompanied by the examination fee of \$5.00, is received by the Inspector before November 10th, 1928.

(Signed) A. M. MUNN, Reg.N.,

Inspector of Training Schools.

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# The Canadian Nurse

A Monthly Journal for the Nurses of Canada

Published by the Canadian Nurses Association

Vol. XXIV.

WINNIPEG, MAN., DECEMBER, 1928

No. 12

Registered at Ottawa, Canada, as second-class matter

Entered as second-class matter March 19th, 1905, at the Post Office, Buffalo, N.Y., under the Act of Congress, March 3rd, 1897

Editor and Business Manager:—

JEAN S. WILSON, Reg. N., 511 Boyd Building, Winnipeg, Man.

## DECEMBER 1928

### CONTENTS

PAGE

THE CANADIAN UNIVERSITY AND THE CANADIAN SCHOOL OF NURSING	- - - - -	<i>Edith Kathleen Russell</i>	627
HEALTH VISITORS IN ENGLAND	- - - - -	<i>Dr. T. Eustace Hill</i>	631
IMPRESSIONS OF THE INTERNATIONAL REUNION OF NURSES IN ROME	- -		636
RED CROSS WORK IN NEW BRUNSWICK	- - - - -		637
ALBERTA ASSOCIATION OF REGISTERED NURSES	- -	<i>Eleanor McPhedran</i>	639
NURSING SISTER JANET MARY WILLIAMSON, M.M.	- - - - -		643
DEPARTMENT OF NURSING EDUCATION:			
DEVELOPMENT OF STUDY HABITS IN THE STUDENT GROUP		<i>Elsie Alder</i>	644
CLINICAL TEACHING OF NURSES:			
I. IN A MATERNITY WARD	- - - - -	<i>Olga V. Lilly</i>	645
II. IN A SPECIAL WARD	- - - - -	<i>Eileen Flanagan</i>	647
III. IN A SPECIAL HOSPITAL	- - - - -	<i>Catherine Robertson</i>	648
DEPARTMENT OF PRIVATE DUTY NURSING:			
SURGICAL MEASURES IN THE TREATMENT OF PULMONARY TUBERCULOSIS	- - - - -	<i>Dr. L. C. Fallis</i>	649
DEPARTMENT OF PUBLIC HEALTH NURSING:			
I. SCHOOL HEALTH IN LONDON, ENGLAND	- - - - -	<i>M. E. Misner</i>	653
II. BOROUGH HEALTH WORK-	- - - - -		
NEWS NOTES	- - - - -		658
INDEX, 1928	- - - - -		665
OFFICIAL DIRECTORY	- - - - -		667

# The Canadian University and the Canadian School of Nursing

By EDITH KATHLEEN RUSSELL, B.A.,

Director, Department of Public Health Nursing, University of Toronto.

Within the last decade the nursing profession of Canada has set itself a new problem in the schools which it has established within certain of the universities of the country. From Halifax to Vancouver these schools for nurses have been started, one after the other in quick succession until seven at least of our universities have created regular teaching departments of this kind. I want to make clear that the argument of this paper starts from the fact that this connection between the nursing schools and the universities has already been effected. It is no part of my purpose to apologize for this relationship, to urge it or to decry it. We start from the accomplished fact, assuming for the purpose of argument—and with the support of reasonable evidence—that the new relationship is desirable and that it is destined to be lasting. However, while we may assert the existence of the nursing school within the university, we must at the same time recognize that this type of school is very new and it is evident that the nursing profession has now, of necessity, to make a most painstaking effort to discover what is to be the reasonable development thereof.

During these same years that this new type of nursing school has been establishing itself in our own country, a like development has been occurring elsewhere, and of especial interest to us are the happenings in this regard in England and in the United States. We find, as we would expect, that England has been conservative in this matter but that certain universities there have established some work

of this kind. In the United States, on the other hand, the development of these university schools of nursing has been noticeably rapid and many of these have already taken form. The Canadian group finds itself, as always, somewhere between these two extremes, that is less conservative than England, less radical than the United States. There is at present considerable interchange of thought and counsel between the three groups; in fact a very happy camaraderie has been established of late between the leaders in the nursing profession of these three countries (made possible, largely, by the system of travelling fellowships established by the Rockefeller Foundation), a camaraderie that bids fair to widen the vision and thereby to increase the usefulness of all. It is indeed very far from my wish to decry this interchange of thought for, as I have already suggested, it is of the very greatest advantage to us. Having made this clear so that there can surely be no question of misunderstanding, I want to pass to another aspect of my subject and to consider the Canadian university school of nursing in the matter of the national aspects of our problem.

The nursing profession in Canada has asked for the establishment of these nursing schools within our universities and the request has been granted. At the same time a curious thing has happened. So far we have failed to recognize that the granting of our request by the universities has laid upon us an obligation *to study and to understand the universities of*



*Canada*, to understand the organization, the standards, the ideals, the peculiar characteristics which mark the growth of the university within our own country. The nursing school of Canada must accommodate itself to the Canadian university if it wants to work with it. This is the main burden of my argument and it will stand a lot of repetition. Nor can we accommodate until we know our universities. It may seem passing strange that such a self-evident fact should require enunciation. But there is no doubt about the need for this. After a good deal of attempt at discussion concerning these university schools I have discovered that the argument is usually a tangled one. What we have been trying to discuss is the organization of Canadian schools for nurses in terms of the American university; and this because much of our special experience in this regard has come from the United States. Such confusion of thought will bring us naught but confused results. I hope that there cannot be the slightest possibility of anyone interpreting these statements as containing any criticism whatsoever of the American university. Such argument is quite beside our present point. For the present argument it does not matter whether the Canadian university is as good or less good, whether it is better than the American or worse. My contention is that, whatever its character, we, as Canadian nurses, must know it. Surely, at this stage of our association with it, we are not going to attempt to alter our university system. It is enough that we accomplish our immediate task of creating our university nursing schools. Later when we have become a part of our country's universities we can hope to take our part (small though it may be) in the general development of the whole institution. At present, I would repeat once more, we must know our university and use it *as it is*.

Certain concrete examples should help to make the general argument more intelligible. What is the purpose of planning a nursing school in the university in relation to a general B.Sc. degree if there be no such degree within that institution? We surely do not wish to take responsibility at present for altering the whole policy of any one of our universities with regard to this matter. Again, why discuss the possibilities of a university nursing course so organized that it depends upon the credit and point system for earning a degree, when in many, or even most, of the Canadian universities there is no such credit system? Why discuss the possibilities for degree work for nurses unless we have some understanding of the whole structure of the pass and honour course system that is characterizing the present development of the Canadian university, and the difference of organization thus brought about from the organization of universities where professional schools are the dominant influence? Again may I repeat that our immediate task is not so much to exercise a critical judgment upon what is good or what is bad in our university development; it is rather that we shall first know and understand this university development; and also that we shall know and understand the influences that have brought it about. This is not too much to ask of any Canadian, for the general educational policy of the country should be a matter of vital interest to all.

Much of the discussion concerning the development of the nursing school within the university is fixed upon the question of the degree that is to be earned therein: this, though a side issue of the main problem, has become a very important question of late and demands special consideration. I know that I am sometimes quoted as being opposed to university degrees for nurses. Unfortunately the matter is not as simple as

that. One cannot be either in favour of, or opposed to, degrees in vacuo. Such a statement has no meaning. It is the conditions under which the degree is to be earned that may merit either favour or disfavour as the case may be. Around the question of degree granting a great deal of controversy is raging, and some unnecessary confusion has been introduced into the argument. There are certain indisputable points that can be separated from the controversial and thus our exact problem may be made very much clearer. First then we must recognize that a degree in itself has no value, it has no form nor beauty nor substance; it is merely a symbol and will have value only as it represents something definite to the world. Traditionally it has had that meaning, for it has represented a certain extent of scholarship. Of late years a demand has grown up for the conferring of degrees for other forms of attainment and, in some universities, the degree is now given in recognition of these various forms of attainment. Thus in some places the degree may mark, indiscriminately, success in scholarship or success in certain skills and arts, sans scholarship. It is no part of this present argument to prove that this is a good or a bad development, it is merely a statement of fact that I am making. Where the degree is given for attainment other than scholarship, it no longer denotes scholarship. We cannot make the situation other than thus. We cannot, at one and the same time, have two contradictory states of affairs. If the meaning of the degree is changed, it cannot at the same time retain its original meaning. Thus to the world at large today, a university degree has, in and of itself, no special significance. It is not until the source of the degree is stated that recognition is granted and sometimes this recognition is of a minus quantity.

Thus the affair stands. We ask for a new degree in nursing or for one

of the older degrees of arts or science to be conferred in recognition of a four or a five year course in nursing. It may be that we are not quite sure as to why we want the degree, but surely it must be because we imagine it will confer some honour or prestige or that it will open the door to some desired preferment. While trying to get it, we must recognize one fact and that is that a degree thus earned (i.e., through the basic nursing course) cannot retain the original meaning of scholarship and that, having lost the original meaning, it can have no specific significance until we have invested it with a new meaning. Such a degree *for the present at least* is an empty honour. No amount of argument can alter that fact. Such a degree *as a degree* has nothing but a local value.

There is a further fact that should be recognized in our effort to separate the controversial from the non-controversial points in this argument. If the nursing school insists upon earning a degree, it must be prepared to sacrifice some of the content that would otherwise be placed within its course and to yield that place to material of more remote relationship to its immediate objective. There is no possibility of denying this fact. Even the most easy-going university on this continent has set a minimum outline for each of its degree courses and this outline contains work that is not of first importance in the nurse's course, that is work that would not otherwise be given the preference there. Thus when a degree course for nurses is arranged, that course is dominated by the degree requirements and not by the exact requirements of this particular student (i.e., the nurse-in-training). This may not be regarded as a bad state of affairs. It may be that the compensations are deemed to be more than equal to the loss. Such arguments must be considered and doubtless opinions thereon will vary. Meanwhile note that this is a ques-



tion, not of value alone, but of relative values, and the fact remains that the degree does complicate the curriculum and exacts a compromise affecting both content and method. It is quite true that nurses are not alone in facing this consideration of compromise for many other professional groups must reckon with the same situation. But it may be the nursing profession will have to make an individual decision upon this matter, for is it not true that already in itself, the nursing school faces the most strangely complicated educational programme that has ever been undertaken? Is there any other school where the pupil, from the first day to the last of her training, is carrying in her hands the lives of her fellow men? Does this not mark off the nursing school as different from any other? Concerning the matter of differences a curious situation obtains today. There is a great urge to gloss over all distinctions between nursing schools and others, and at the same time to emphasize all possible similarities. The reason for this tendency is not hard to find if we know a little of nursing history and understand the intolerable conditions under which nursing schools (so-called) have laboured, but great care must be taken today or we may only go from one intolerable condition to another equally unmanageable. And, in the present confusion of thought, let us hope that we shall not try to level away all distinction between our schools and others. Can we not find reason to cherish these really magnificent differences and to realize that there is nothing in the English word "different" that implies inferiority—another indisputable fact to add to our list!

There is a further fact, the recognition of which should be of great service to us. In this discussion of the degree question, it would almost appear that nurses believe that they have a problem all their own. Such is not the case, however, and if we

have ears to hear we shall soon learn that this matter of degree-seeking is a general tendency of the present day and one that is provoking much thought and no little alarm. A sister profession has been just in advance of us in yielding to the great glamour of these symbols. Many leaders in the teaching profession are today looking on with horror while its young members are madly pursuing degrees. The summer schools of some universities are filled with ardent young pedagogues, and everywhere the one all-important subject is being discussed by them: how can they, in the shortest possible space of time, add together the necessary credits to earn this or that degree? Seldom is there mention of the pursuit of scholarship for its own sake. Such a state of affairs is somewhat alarming. Thinking of this, I am reminded of an inquiry that came to our own school not long ago. It was a letter from a young nurse, seriously meant and quite unconscious of its own humour. The writer naively asked if I could help her with advice about studies that would earn for her a degree and at the same time give her some of the subject matter that she really wanted!

Certain questions follow obviously upon the above conclusions. If the degree is of uncertain value, will it be worth our while *just at present*, to sacrifice anything of more certain value for it? Is it wise, at the present moment, to concentrate upon the degree or would it be better to ignore the degree, temporarily at least, and to concentrate upon the desired content and method for our nursing courses? These are questions with which the nursing profession must be prepared to wrestle and the chief purpose of my argument is to beg from the nurses of Canada a serious consideration of these in terms of our own country. We cannot be of service in international councils until we have set our own house in order.

## *Health Visitors in England*

*Matters connected with the administration of the Maternity and Child Welfare and other Acts directly concerning the work of Health Visitors*

By Dr. T. EUSTACE HILL, O.B.E., D.Hy., B.Sc.

[**Editor's Note:** The Canadian Nurse is indebted to Miss Ruby Hamilton in obtaining Dr. Hill's permission for the publication of the foregoing article. Dr. Hill is medical officer of health for Durham County Council, England. This address was given at a Conference on Matters Affecting the Work of Health Visitors, held in February, 1928, in London, under the auspices of the Women Sanitary Inspectors' and Health Visitors' Association. Miss Hamilton, assistant director of field nursing, Ontario Division, Canadian Red Cross, was awarded a Scholarship by the Canadian Red Cross Society for a year's study in Public Health Nursing, International Course for Nurses, Bedford College, London, England.]

I am glad to take a part in the discussion of this subject, as for more than 25 years I have been a strong advocate of the appointment of well qualified and experienced health visitors in connection with County Health Work.

I realized the valuable work they could carry out even before the first Notification of Births Act, which local authorities were authorized but not compelled to adopt, was passed in 1907, and the Durham County Council was one of the early Health Authorities to bring the Act into operation throughout the administrative county. As a matter of fact the Durham County Council immediately after the passing of the Notification of Births Act in 1907 approached the district sanitary authorities on the matter and urged them immediately to adopt the Act, but only one authority (Whickham Urban District) responded, and the County Council then selected four districts where the infant mortality rate had been excessively high and as an experiment undertook to appoint and pay a health visitor for each of the districts if the district sanitary authority would adopt the Act. This offer was accepted, and the Act was adopted in these four districts and health visitors were appointed by the County Council as early as 1909. The result was most satisfactory, for during the three following years the infant mortality rate in these dis-

tricts was considerably less than the rate in the remainder of the county, though previously it had been persistently greatly in excess of that rate. My Council, subsequently to this successful experiment, again urged the district sanitary authorities to themselves adopt the Act and appoint health visitors, but generally they were met with a blank refusal, and in the end the County Council adopted the Act, with the sanction of the then Local Government Board, except in four districts where the district councils expressed their desire to administer it and appoint the necessary staff for that purpose. In 1915 an additional Notification of Births Act was passed making notification compulsory throughout the country, but in Durham the Act had been in operation since 1913 when a superintendent and 25 whole-time health visitors were appointed by the County Council. We have now 84 whole-time health visitors and also several giving part-time services.

It was this Act which first made possible the systematic supervision by trained officers of children in the early years of life and the giving of advice to their mothers, etc., as to their proper care and management.

Warwickshire was the first County Council to appoint health visitors in 1903, and I am not sure whether health visitors were appointed prior to that date by the sanitary authorities of our large urban areas.



Since the passing of the Maternity and Child Welfare Act, 1918, and regulations relating thereto, it has been possible for the authorities administering the Notification of Births Act to develop comprehensive schemes for safeguarding the health of nursing and expectant mothers and young children, and throughout the country advantage has been taken of these opportunities to a varying extent, and in consequence welfare centres, ante-natal centres, maternity homes, convalescent homes, and other activities have been provided, and large numbers of welfare medical officers, health visitors, and nurses appointed; while there have also sprung into existence many voluntary organizations which are doing valuable work in spite of considerable overlapping.

In opening this discussion, I have chiefly to deal with the position of the health visitor in relation to this Maternity and Child Welfare Act, and, I take it, also with the question as to whether the administration of this Act should be under the complete control of the responsible local authorities, and the officers discharging the duties of health visitors be appointed by, and directly responsible to, those authorities.

At the outset of my remarks, I wish to say that all my practical experience of the administration of the maternity and child welfare schemes has been limited to a county district (Durham) which in respect of maternity and child welfare has a population of 850,000, embracing 42 urban and rural districts, but I think it will be admitted that in a county district the difficulties of organizing a satisfactory scheme of maternity and child welfare are very much greater than in a large town or urban district of relatively much smaller area. In a county area many of the sanitary districts have too small a population to utilize fully the services of a whole-time health visitor, and the district authority, if it is responsible for maternity and child welfare,

must either combine with other district authorities if they desire a whole-time health visitor, or they must utilize the part-time services of a district nurse, if there happens to be a district nursing association established in the district.

I am quite convinced that in a county district the County Council is the most satisfactory authority for carrying out maternity and child welfare schemes, except perhaps in the sanitary districts which are large enough to utilize full-time services of one or more health visitors. Apart from the question of expense and efficiency, a great advantage of a County Council being the maternity and child welfare authority is that uniformity of administration is most likely to be obtained, and I am quite satisfied that delegation of the work to voluntary organizations is not desirable either in the interests of efficiency or uniformity, or of the officers who have to carry out the necessary duties. In other words "the authority which pays the piper should call the tune."

As regards the officer who performs the duties of health visitor, I have had considerable experience both of health visitors appointed and controlled by the responsible authority and of those who perform these duties but are appointed by and responsible to a voluntary organization, and I am certain that it is desirable that the health visitor should be appointed and controlled by the Maternity and Child Welfare authority.

In the first place, in an up-to-date health department there are so many public health activities affecting health visitors, and the work is so full of detail and developing so rapidly, that no official or body who is not in the closest touch with the department can be fully efficient. In a large town one cannot conceive any advantage in utilizing as health visitors individuals who are not appointed and controlled by the Health Authority. In a county the only

usual alternative is the nurse appointed and controlled by the Nursing Associations, and to this arrangement I think there are many objections, which I will shortly summarize.

(1) The primary duty of the district nurse relates to treatment and cure rather than to the prevention of disease, and very largely her training has been with that object in view. Very many of them are not adequately trained in the public health work and social services required of the modern health visitor. The district nurse in her purely nursing duties acts very largely under the direction of the private medical attendant of the patient, and in the discharge of her public health work is likely to be guided by him or by the members of her Nursing Association rather than act on the instruction of the medical officer of the maternity and child welfare authority. This may, and does result often, in friction, and in any case it means dual control, which is objectionable.

(2) Where the district nurse acts as health visitor the duties must at times clash. She may be summoned to an urgent surgical or medical case just at the time when her services are required at a welfare centre, school inspection or school clinic, and on such occasion it is probable that the public service will suffer, and at any rate the position of the district nurse is a difficult one.

(3) The new Regulations of the Ministry of Health, which operate from next April [1928. Ed.], require such high and specialized qualifications of health visitors to be appointed after that date that very few district nurses will then be eligible for new appointments, and nursing organizations which at present provide the health visitor services will have the utmost difficulty in obtaining district nurses with the requisite health visitor qualifications.

(4) Experience suggests that where a district nurse also acts as health visitor in a county district her

purely nursing duties have the first call on her services, and that especially when accidents or general illnesses are much in evidence the public health duties are neglected.

(5) The work of a health visitor appointed and controlled by a voluntary body is much more likely to be influenced by the religious and political views of that body or its individual members than is the case with a health visitor appointed by a local authority and controlled by a public health officer, who is unlikely to be influenced by the views held by his authority, however strong they may be.

(6) In order to avoid overlapping it is desirable that a health visitor should be responsible for the whole of the health work which can be undertaken by her in an area of sufficient size and population to occupy her full time. It is better that she should undertake not only home visiting in regard to mothers and infants, but also to school children and tuberculosis patients. She may with advantage also act as visitor under the Infant Life Protection Act, and attend at the infant welfare centre, school clinic and tuberculosis dispensary. In my County Health Department our health visitors carry out all these duties without friction and with efficiency. I think it will surely be agreed that a district nurse primarily appointed for other duties could not efficiently perform all these health duties.

(7) There are some health visitors' duties, such as head inspections at schools and the giving of evidence in police court proceedings, which many district nurses strongly object to undertake, more particularly as such duties are apt to prejudice their relationship with subscribers to their nursing associations.

(8) For various reasons, appointments under district nursing associations are usually less permanent than are those of whole-time health visitors



appointed by local authorities and continuity of the health work is interfered with and the public health duties are therefore less efficient.

(9) Although the conditions of service of a large proportion of the health visitors appointed and controlled by local authorities are unsatisfactory as regards salary, holiday, sick leave, superannuation, etc., their conditions of service are, generally speaking, more satisfactory than are those of district nurses, and in consequence better trained applicants, especially from the point of view of experience in public health work, are likely to be attracted to whole-time health visitor posts under local authorities.

Where the health visiting work of a district is undertaken by whole-time health visitors appointed by the local authority their relationship to the voluntary committees of welfare centres is important. No one appreciates more than I do the valuable services rendered by these voluntary committees, but in my opinion it is most undesirable that they should direct or control the health visitor. The control should be in the hands of the Medical Officer of Health, the Medical Officer of the centre, or the Superintendent Health Visitor, who are themselves under the administrative control of the Medical Officer of Health. At the same time there should be the most cordial co-operation between the voluntary committee and the health visitors, and my experience is that in the great majority of cases this does exist.

In sparsely populated rural areas the circumstances may be such that it may be expedient that the district nurse, if she be a fully trained nurse, should discharge the duties of health visitor, though even in such cases I should prefer the whole-time specially trained health visitor and provide her with the necessary transport facilities.

No doubt the grants made by local authorities to nursing associations,

whose nurses undertake health visitor duties, are often of great assistance to these associations, but this should not have weight if the result is a less efficient health service.

I hope I have said enough to persuade my audience that the most efficient public health services required of health visitors are best provided by whole-time health visitors who are appointed by and directly controlled by a Public Health Authority, but in any case I trust my remarks will stimulate a full discussion of this important subject. This view is evidently held by most public health authorities, for the great majority of them, including even County Councils, have appointed whole-time health visitors rather than utilize the officers of voluntary organizations.

Before concluding, I should just like to suggest the importance of the provision of better facilities for the training of health visitors. In Durham Administrative County, where a high standard of qualifications for health visitors has been required for several years past, it was found almost impossible to obtain a sufficient number of candidates up to the required standard, although the salary and other conditions of service compare favourably with those of most other districts outside London. To meet this difficulty it was decided to attempt to provide local training for health visitors, and with the approval and financial support of the County Council, a Health Visitors Training Board was established, for which the Superintendent Health Visitor acted as secretary. The County Council agreed to sanction the training of ten health visitor students selected by the Board and to advance for a period of six months, the duration of the training period, one-half of the commencing salary of a health visitor on their permanent staff, on the understanding that on the termination of their training they would act as health visitors on the

county staff for a period of six months on half salary. This arrangement has now been in operation for three successive years and has proved a great success for it has provided the financial assistance during training, which is necessary to enable many students to undertake it. Moreover, the training provided has apparently been of a high standard, for there has been a very small percentage of failures at the examination qualifying the successful candidates for the certificate approved by the Minister of Health and the Board of Education. The loan students before entering for the training course must be fully trained nurses and must hold or undertake to obtain the C.M.B. Certificate. Trainees, other than loan students, are also accepted for training if there is compliance with the required conditions. During the six months subsequent to training the loan students undertake holiday duty for the permanent staff on annual leave, and a large proportion of them have been permanently appointed on the County Health Visitors Staff, while the remainder have had no difficulty in obtaining permanent health visitor posts in other districts. This winter it has been possible to provide a hostel in Durham City where a limited number of bedrooms are provided for the students as well as dining room, library and lecture room, and kitchen with caretaker. The permanent Health Visitor Staff and their friends have provided all the funds necessary for renting and equipping the hostel. The institution and success of the scheme is almost entirely due to the untiring efforts and organizing ability of our Superintendent Health Visitor, Miss

Cooper Hodgson, who has also proved herself a most capable and successful Secretary of the Training Board.

In conclusion I should desire to emphasize a truism, and that is that the health visitor is one of the most important factors in the education of the public in the preservation of health and the prevention of disease, chiefly because of the advice and assistance they are able to give as regards personal hygiene in the homes of the people. Not so many years ago I was frequently asked, usually by educated people, what is the use of health visitors? Is that question ever asked now? I don't think so. Although their work should not be limited to maternity and child welfare, I entirely agree with Sir George Newman's statement in his last Annual Report (1926) that money expended on centres and on the provision of health visitors brings perhaps a greater return than any other form of maternity and child welfare expenditure.

#### *Durham County Health Visitors' Staff*

One superintendent, 2 assistant superintendents, 82 health visitors. Of these 84 officers: 48 are fully trained nurses; 67 hold the C.M.B. Certificate; 53 hold the H.V. Certificate of the Royal Sanitary Institute; 22 hold the Sanitary Inspector's Certificate of the Royal Sanitary Institute; 24 hold the Board of Education's Diploma; 14 hold the Ministry of Health Certificate.

Many of our health visitors hold other special qualifications in such matters as mental deficiency, fever hospital training, etc., while three hold the Social Science Diploma of the University of Edinburgh.

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## *Impressions of the International Re-union of Nurses in Rome*

This meeting of nurses from several countries was notable as the first of its kind held in conjunction with a congress of medical men. The invitation was conveyed to the Ladies' Committee of the Italian Red Cross by the President of the Conference, Signor Paolucci. It took place under the patronage of the Queen of Italy. The President was the Marquessa Irene Di Targiani Giunti. The Duchess d'Aosta showed her interest by her presence at each session, as well as on two social occasions.

The Congress was formally opened in the Capitol on the morning of September 25th, when "Il Duce" Signor Mussolini and Signor Paolucci addressed the gathering. This was followed by a reception by the Governor of Rome, which enabled the visitors to see the wonderful collection of statuary in the Capitol Galleries.

The nurses' meeting was formally opened in the presence of the Duchess d'Aosta, by Signor Paolucci and others. This was followed by the first session, when the chair was taken by Miss Reimann, secretary of the International Council of Nurses. The subject was "Methods of Developing the Spirit of Observation in Nurses in respect to Scientific Teaching and Social Conditions." Papers were read by Mles. Descovich and Bianchi, visiting nurses of the Italian Red Cross, and by Mlle. Augiola Morell, secretary-general of the Women's Fascisti. A discussion followed, in which Mlle. Chaptal (France) charmingly emphasised the necessity for real sympathy and understanding of the individual and his needs if powers of observation were to be developed to their highest degree. Miss K. L. Borne, Matron of Papworth Village Colony, gave an interesting account of the work at the Colony.

An exhibition illustrative of the work being done in various countries was opened by the Duchess d'Aosta; photographs, charts, plans and models filled a number of rooms; specimens of ward furniture; sterilizing and x-ray apparatus were also shown. On the following morning, Mrs. Bedford Fenwick in the chair, the subject was "Special Nurses: the Preparation — Moral, Technical, Scientific—required for Co-ordination of the Services in Sanatoria, Dispensaries, Factories, and in the Home." A paper had been prepared by Signorina Gubazuati in collaboration with Signorine Cantu, Sartori, and Quidette on "Visiting Nurses," giving general outlines of the duties of a nurse engaged in public health, and concluding with a list of the qualities needed. The writers expressed the opinion that even with natural aptitude and technical and scientific training, at least ten years' experience was necessary for this specialized work. Papers followed by Miss Isabel Macdonald (Tuberculosis, especially from the preventive point of view), and Miss Ritchie Thomson (who spoke of the anti-tuberculosis work being done in Glasgow). Mlle. Delagrange (France) spoke of the dangers of too much specialization, and pointed out the disturbance to a poor household when visited by a succession of specialist nurses. Was so much overlapping desirable in the interests of the people, and would not a good all-round nurse in charge of a small area achieve equally good results? Among those who took part in the discussion were Mrs. Lancelot Andrewes (who spoke of the gradual development of nursing work and made a graceful reference to the pleasure felt by the members of the reunion in visiting that wonderful city), Miss Powell, Miss Cattell and Miss Graham.

Miss Musson, speaking from the point of view of our responsibility for the training of nurses for service in different spheres of action, expressed the opinion that the best foundation was a good basic training in general nursing, to which specialized training could be added. She emphasized the need for well qualified teachers for the probationer nurse and especially for careful selection of ward sisters. She noted that some speakers had advocated ten years supervision for specialized nurses, but the economic factor must not be lost sight of when considering the length of training. Signorina Pilastimi exhibited a chart illustrating the training scheme of the Italian Red Cross. This session was followed by an address by Professor Sabatini, dealing with the nurse and the doctor from the point of view of the psychology of the Latin races.

In the evening the public health film was exhibited. The most important session was perhaps that on the morning of September 27th, when nurses were invited to take part in the third theme of the 6th Congress. The chief speaker was Dr. William Brand (London) and the subject was "Organization of Anti-tuberculosis Work in Rural

Areas," and members of the nurses' reunion were present in large numbers. The interest taken in the subject was evidenced by the fact that no fewer than 48 medical men had put down their names to join in the discussion. As each had apparently come prepared with a paper which took ten minutes to read, few, if any, of the nurses were able to hear all. Not only Dr. Brand, but many other speakers emphasized the value of the trained nurses' work in the anti-tuberculosis campaign.

A conference especially interesting to the Italian nurses followed, on "Italian law relating to Compulsory Insurance against Tuberculosis."

At mid-day a wreath was placed on the Unknown Soldier's grave in the name of the National Council of Nurses of Great Britain. Many of the British nurses attended and saluted the memorial in Roman fashion after the wreath had been placed in position by Mrs. Bedford Fenwick. Shortly afterwards, nurses of the Italian Red Cross, headed by the Duchess d'Aosta, placed a wreath side by side with that from Great Britain. (The Nursing Times, October 20th, 1928.)

## *Red Cross Work in New Brunswick*

By a Nurse

Perhaps in Canada there are nurses who might like to hear a little bit about the work of the Junior Red Cross in New Brunswick. During the past summer it has fallen to my lot to visit many rather remote parts of the province, and wherever I went the work that was being done by the Junior Red Cross filled me with not only joy but a deep reverence for the organization that only a few short years ago was composed of a very small number of children grouped together in scattered parts of Canada to do war work, now an organization stretching like a mighty army all around the world, working for the

health and healing of the nations, their motto, *Health, Citizenship and Service*, taking a foremost place in every rural district that has Junior Red Cross in its schools.

When speaking of the Red Cross with a Women's Institute member in one of the rural districts, she said: "The Junior Red Cross is the very best factor for good we have in our community: the children are fast becoming healthier and many of them will be citizens we will be proud of some day." She was quiet for a few moments, then added, "We could not do without it in our district; we will be quite willing to work for Red Cross



and raise money every month sooner than let Junior go. I cannot express in words what it does, as I am a woman who finds it hard to express myself, but," and a smile came into her eyes and spread over her face,

and more is the Junior Red Cross becoming a part of the life of New Brunswick, and one who stops in the busy rush of modern life to think about it sees a great future: a province made better physically and



IN A HOSPITAL GARDEN

—By Courtesy, Canadian Red Cross.

"my little girl of eight can run her meetings and take part in organization work now better than I can do. Her father and I are watching the way the Junior Red Cross does the work. When the Juniors grow up they will be much more worth while than ever we could be who learned in the old way. Then think of the good they do! They learn to save, to help others; a spirit of unselfishness grows in them, slowly at first but unfolding like a lovely flower, until the child is in some unexplainable way made over into a little citizen one can be proud of. The work for the crippled children in this province is one we are all proud of. It does not seem to me quite right for any child today to be allowed to grow up handicapped for life when the great war gave such a wonderful amount of knowledge to the surgeons of the world. They are willing to co-operate with the Juniors in every way, are they not?"

She was quite right, the medical profession in New Brunswick is most co-operative, giving of their best to help Junior work of this kind. More

morally and, may I say spiritually too, by that subtle influence in the hearts of the little children, which will in time transform this old world of ours with a glory all its own, and "a little child shall lead them" will in truth be fulfilled.—Juniors of New Brunswick working with Juniors all over the world in one big brotherhood of service.

As I left that little village nestling among the hills of New Brunswick I felt that I had been privileged in being able to stop for a moment and hear from one woman what Junior meant. As I travelled on during the summer it came to me more and more that it was not in one place only but all over the province that the love for the Junior work was rooted, growing, and bearing fruit. Doctors and nurses all over the province willingly pay their tribute to the good work being done. And from this province by the sea goes out a Junior call for Service that will echo through the ages in memory of those who came not back from their great adventure.

## *Provincial Association Series---The Alberta Association of Registered Nurses*

By ELEANOR McPHEDRAN, Calgary, Alberta.

The Alberta Association of Registered Nurses is a comparatively young organization, earnestly endeavouring to solve some of the nursing problems of a comparatively sparse community. At the time of its formation, there were relatively few graduates of training schools belonging to the province and the movement was carried out mainly by graduates of eastern provinces who were domiciled here for the time being. Previous to its organization, local associations had been formed in Edmonton, Calgary, Medicine Hat and Lethbridge. The former two drew together and a committee was formed to interview the then minister of health: the late Hon. A. G. Mackay, who took a deep interest in the movement and assisted very materially in the drawing up of a constitution and bylaws to be presented to the legislature. Mr. Mackay personally sponsored the bill and used his influence to secure the passing thereof.

At this time the educational side was stressed, and acting on his advice, the new child was placed under the guardianship of the minister of education, and organization proceeded. This minister, however, found it somewhat of an alien child. It did not fit into the scheme of things educational as he knew them. He couldn't understand its curriculum or inspect its schools as he could the various schools and colleges of learning to which he was accustomed, and it was a bit of a nuisance in that department; so somewhat suddenly and without the consent or knowledge of the child it was transferred to the guardianship of the ministry of health. Again it found itself an alien. Finally in 1919 an amendment was passed by the legislature placing the nurses'

association among other professional organizations under the control of the University of Alberta.

At this time an effort was made to increase the minimum preliminary standing of the student nurse to graduates of Grade X high school, but unsuccessfully. The members of the legislature definitely stated in the act that nurses who had attained Grade VIII standing might register *if otherwise qualified*. The control of standards of training, the fixing of the bed capacity of the hospital conducting a training school, whether general or affiliated, the classes, lectures and other factors making for efficiency, the course of study prescribed and the conduct of the examinations, were all left to the senate of the university. The Nurses' Association was given the same standing in university councils that other professions held by representation on the senate of the university. The first appointment was held by Miss Victoria I. Winslow, at that time superintendent of the Medicine Hat General Hospital. Since losing her from the province, the nurses have been represented by the writer. Their especial "chief" at the university is the Dean of the Medical Faculty, Dr. A. C. Rankin, who has always had a warm sympathy for the work.

Membership in the Association is perforce individual. In only four of the larger centres are there local organizations — Calgary, Edmonton, Medicine Hat and Lethbridge, and while these probably cover the majority of the nurses actively carrying on, quite a large percentage are scattered throughout the smaller towns and villages with no opportunity to identify themselves with any nurses' organization. It was felt that these should have identical



privileges with the members in the more thickly settled districts, so individual membership was decided on. It is difficult to bring together a full representation of the nurses, and conventions are held only once a year. The actual work is carried on through a council of seven members elected by ballot biennially. Balloting is conducted by mail and all active members of the Association have an opportunity to express a preference. Membership in this council is confined to active members of the Association resident in the province, though all members paying annual dues have the right to vote no matter where residing. Arrangement was made in the constitution whereby the nurse not actively engaged in nursing in the province might retain membership, but claim exemption from annual dues. On the resumption of active work in the province, she is expected to resume payment of fees or be suspended from membership. This covers the case of many married nurses living in the province, also nurses pursuing their activities elsewhere. The number claiming exemption added to those who lose interest in the work and cease communication with us is about equal to the number of new members registering each year, so that active membership remains about the same.

Since the time of taking over by the university, the Association has devoted itself to furthering the interests of nurses, both graduate and student. In accordance with the constitution of the Canadian Nurses Association, an effort has been made to carry on the work through the three branches: nursing education, public health and private duty.

The nursing education section is a comparatively small body, who have busied themselves in matters pertaining to the student nurse. During the past two years the curriculum of training schools has been revised somewhat, and a detailed

statement of the courses and text books recommended distributed to the interested schools. In the first draft of 1919-20 the nurses, together with the committee, arranged a very flexible course of study which required only eighteen months of definite work, leaving the other eighteen months to be arranged at the discretion of the superintendent of the school. The new curriculum specifies more definitely the amount of time which the student is expected to spend in the various departments. We like to think that the course given here compares very favourably with those given in other provinces in Canada and also with those given in the country to the south of us. Examinations are held twice yearly under arrangements made by the university; they consist of practical and written papers. The examining board is appointed by the senate of the university in the same manner as are the examining boards of other affiliated bodies and the nurse members of this board predominate. Registration itself is arranged for by the Association, the university certificate giving each successful candidate the right to apply for registration.

Through the co-operation of the university, a beginning has been made on hospital inspection. Hospitals of long standing and of the required bed capacity have so far been accepted without inspection. Where there is any doubt about the hospital standards of a student applying for admission to the registration examination, the committee on admissions appoints two nurse members of the examining board to make an inspection, reporting on all the features required in a general or affiliated training school. To date one new hospital has been recognized as qualified to give a general training to students, two have been recognized as affiliated schools—with two years at parent school and one year at the Edmonton General Hos-

pital—and one which could not be accepted without affiliation is carrying on with a graduate nurse staff and lay help.

The university, endeavouring to be of still greater assistance, established in 1924 a five-year course leading to the degree of Bachelor of Science in Nursing. So far three graduates have received the degree, viz., Miss Agnes MacLeod, now of the University Hospital, Edmonton; Miss Frances Alexander, who has returned to her home in Japan, and Miss Annabel Raver, who is with the department of health in the Child Welfare Clinic at Medicine Hat. At present there are two students entering their second hospital year and two entering their first year. To date there are four applicants for the term opening in 1928. These numbers may seem small to the more densely populated provinces, but we are extremely proud of them.

At the request of the Association, refresher courses have been held annually for the past five years. These have been arranged by the university for that period between the closing of lectures and convocation. An endeavour to give a course of sufficient variety to be of interest and help to all classes of nurses has been made. Lectures in nursing practice, pediatrics, dietary work, pathology, psychology, hospital administration, etc., have been given by members of the hospital and university staffs. To give an added interest there have usually been included lectures on subjects outside the ordinary curriculum. Mr. D. A. Cameron's lectures on "Books and Reading" have been "feasts of good things full of marrow." The Association owes much to Miss McCammon, now Mrs. Allan of Montreal, and to Miss Fenwick, her successor, for the zeal and hard work with which these courses have been arranged, as well as to those who have taken of their leisure to help refresh us professionally, mentally

and socially. That these courses have been appreciated is shown by the numbers attending. It was considered at the outset that an average attendance of twelve would make it worth while. Each year has brought an enrollment of forty to fifty, with interest well sustained throughout the course.

The public health nursing group has been quite active along its own lines. The very liberal policy of the government in preventive work and in district work in isolated areas has absorbed a goodly number. The Red Cross Society has its quota, and the cities have their contingents of school nurses. The Victorian Order of Nurses has its especial work, and all these make up a very progressive branch of the Association. It has been the aim of these different bodies to secure nurses with special training in public health work where possible, but so far the demand has exceeded the supply of such workers. Again the university has endeavoured to co-operate by giving a short course (four months) to several classes and by the putting on of refresher courses at such periods as the nurses could be brought in from the field. The present chairman of the public health committee of the Association is Miss Elizabeth Clark, superintendent of public health nurses for the provincial government. At her office at the Parliament Buildings has been placed a very complete library on public health work, which is available for all members of the section on request.

The private duty nurses of the province have so far found the difficulties in the way of organization insurmountable. Attempts have been made from time to time—at first under the leadership of Miss Kelly of Calgary, Mrs. Fulsher of Calgary, later under Miss Cooper of Edmonton—but distances are so great, the time of the average private duty nurse so uncertain, and the personnel



so changing, that a satisfactory and workable plan of action has not yet been developed.

Apart from these activities, conventions have been held annually since 1916. Miss V. Winslow, of Medicine Hat, held the office of president for the first six years; her place was taken by Mrs. K. Manson, Edmonton, 1922-24; followed by Miss McCammon of Edmonton, 1924-26; Miss B. Guernsey was elected 1926-28, but resigned during 1927 and her term of office was completed by Miss Macdonald, General Hospital, Calgary. The offices of secretary, treasurer and registrar have been combined. This position was first held by Miss McPhedran, Calgary; during her service overseas, by Mrs. Armstrong, of Edmonton, and later Miss Rutherford, of Calgary, took over the work, which was resumed by Miss McPhedran on her return. She resigned in 1926 and this work has since been carried on by Miss Elizabeth Clark, of Edmonton.

Since 1921 the conventions have been held conjointly with the Alberta Hospitals' Association. It is felt that these conventions are of mutual benefit. Nurses in small hospitals in the country are in this way able to attend both conventions, taking what is most useful from either programme on the first day, and on the second day, topics of common interest are discussed in conjoint sessions; each Association is thus insured a wider public. For some years the Alberta Municipal Hospitals' Association met with us, but feeling that their problems were more closely associated with the problems of the municipality, they have withdrawn. At this year's convention the Alberta Association of Public Health workers, which was formed last year, has cast in its lot with us.

The nurses have endeavoured at each convention to have some out-

standing representative of the nursing profession to address the meetings, both at our own and at the conjoint sessions. Such prominent nurses as Miss Ethel Johns, Miss Jean Browne, Miss Helen Randal, Miss Mabel Gray, and Miss Knively, of the Social Service Department, Toronto General Hospital, have been with us, and last year we were fortunate in securing the executive secretary, Miss Jean Wilson. We feel that as an outcome of her visit, the nurses of Alberta have a clearer idea of the work of the National Association than it is possible to obtain from reading or hearing reports of delegates.

To encourage further study on the part of graduates of Alberta training schools, it was decided by the Association to offer a scholarship to be applied to post-graduate study. This award of \$200 was first offered to the student taking the highest standing at the registration examination for the current year. The first student to take advantage of this was Miss Margaret Fraser, of the Royal Alexandra Hospital, Edmonton, who in the fall of 1921 entered Teachers' College, Columbia University, to take the instructor's course. There was some difficulty in the manner of awarding, as in this case, the scholarship sought the candidate. The distances to suitable schools made heavy inroads into the often too slender purse, and two awards have not been made. The scholarship, increased to \$500, is now given on application biennially. The candidate must be a graduate of an Alberta training school. She must state what her academic and professional qualifications are and what course she intends to take. This year the award goes to Miss Mosely, graduate of Royal Alexandra Hospital, Edmonton, who hopes to proceed to McGill School of Nursing this autumn to take the teachers' course.

Much remains to be done in the future. Chief among the objects before us may be mentioned:

(a) The raising of the preliminary educational standard for students entering on a course of training.

(b) The establishment of annual inspection of all training schools for nurses in Alberta.

(c) The standardizing of records, text books and procedures for all training schools in the province.

(d) The encouragement of the idea of centralized teaching where there are two or more schools leading eventually to the

establishment of a central school of nursing for preliminary training.

(e) The encouragement of post-graduate work for graduates for both public health and administrative and teaching work.

As we look back over the past twelve years, we feel that we have accomplished a good deal, but the rapid change in the outlook of the profession since the beginning of the century, shows us much yet to be accomplished.



—By courtesy G. Gauvin.

#### NURSING SISTER JANET MARY WILLIAMSON, M.M.

Nursing Sister Janet Mary Williamson is dead, having passed away in New York on Sunday, October 21st after a very short illness.

Miss Williamson was born in Grenville, Quebec, receiving her early education there, finishing later at the Ottawa Ladies' College.

Graduating from the Lady Stanley Institute for Training of Nurses, Ottawa, in 1912, the intervening years before the war were occupied with private duty nursing.

Her overseas experience, including as it did, service in Moore Barracks, No. 1 Canadian General and No. 7 Canadian General Hospitals, culminated in the awarding by His Majesty King George of the much coveted Military Medal. In this connection a telegram received from Miss Margaret Macdonald, former Matron-in-Chief of the C.A.M.N.S., on hearing of Miss Williamson's death, is of interest: 'I much regret the death of our most distinguished Sister Williamson. Her death is a distinct loss to the profession to which she rendered such valuable service. The honours she gained were well merited and borne with great modesty.'

On the termination of the war Miss Williamson was employed in the Military Hospital at Kingston, Ontario.

In 1920 she was appointed Assistant Superintendent of Nurses at the Strathcona Hospital, Ottawa. Here she contributed valuable assist-

ance in the reorganization of the school of nursing then being undertaken. In January, 1927, she resigned to take post-graduate work at Columbia University, New York. At the time of her death she was engaged in private duty nursing in that city.

The funeral service, held at Grenville, Quebec, was largely attended by members of the medical and nursing professions in Ottawa. Many beautiful floral tributes were in evidence, including one from the following nursing sisters on behalf of the C.A.M.N.S.: Elizabeth Smellie, Margaret Brankin, Anna McNichol, Mabel Hamilton, Clare Latimer, Mildred Robertson, Bertha Hughes, Edith O'Reilly, M. F. Jackson, M. E. Stevenson, Ethel Bagnell, Dell McGregor, Mildred Ewing, H. B. McCallum (Mrs. R. H. Ellis), R. A. N. Grattan (Mrs. (Dr.) Young), A. N. McDermit (Mrs. Poulton), and Matron E. M. Charleson.

Kindly, cheerful, thoroughly likeable, possessed of an unusual degree of charm, and an all-saving sense of humour, hers was indeed a rich and generous nature. Those coming in contact with her received an impression of great capability, strength, tenderness and a deep and broad understanding. The memory of these things makes the sense of loss more poignant: loss to the profession of a staunch supporter of its best traditions and highest ideals, and to those who were privileged in knowing her intimately, of a warm and sincere friend.



## Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,  
Miss CHRISTINA MACLEOD, General Hospital, Brandon, Man.

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### *\* Development of Study Habits in the Student Group*

By **ELSIE ALLDER**, Royal Victoria Hospital, Montreal.

The problem confronting the nurse educator is that she has in her classes, students whose education ranges from that of the immature student with two years high school to the more mature student with one or two years university work to her credit, and the university graduate. In the latter group the majority of the students have formed good study habits, and have entered the school of nursing because of its reputation as a school employing excellent educational methods. In the first group the students *may* have established good study habits but many of them have little or no realization of the amount of study necessary to keep up with the educational programme of the school. For these students we must find some means of creating an active interest in the class work in order that the group with higher education may not be held back.

One of the first things necessary to this end is to plan the daily schedule so that during the preliminary course two hours each day are set aside for supervised study. The instructor should spend some time in teaching methods of note taking, and should require that note books in each subject be handed in early in the course for criticism of the method of note taking employed by each student. All notes should be collected and criticized at the end of each series of lectures throughout the three years spent in the school. Students thus early acquire the habit

of taking good notes and keeping them in good form and ready for future reference. They should be able to get the substance of the lectures given by members of the medical staff and should be able to do this without having to rewrite their notes. The instructor should also give a talk on "How to study" and should assign some reference reading on the subject. She may ask each student to supply herself with a copy of Whipple's "How to Study Efficiently," or may place a number of these books in the library for the students' use. She may ask each student to write a paper on "Habits of Study," giving her any aid she may require in the preparation of her paper.

Frequent tests should be given during the course of a series of lectures. The papers may be exchanged and corrected by the students. This enables the instructor to judge the work of the students and at the same time eliminates the labour of reading many papers. It also stimulates the student to systematically review work already learned.

A series of papers may be prepared and read by the students on one subject, such as psychology: the topic being assigned by the instructor and a certain period each week kept for the presentation of one or more papers. Or one hour each week during the preliminary course may be set aside for the presentation of five minute papers on a variety of subjects. For example, one student may discuss the physiology of the circulatory system, another may talk about

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(\*The four articles appearing in this Department were read at the Nursing Education Section, Canadian Nurses Association, General Meeting, 1928.)

the hygiene of this system, a third may give a paper on History of Nursing, taking the period during which the circulation of the blood was discovered by Harvey. A fourth paper might be on solutions given intravenously. The assignments for the month must be posted two weeks before the first papers are to be read. The students may use any available device for making their talks interesting and may consult the instructors regarding reference books. This plan has been successfully tried and the nurses find these periods helpful as reviews on various subjects, and also useful as practice periods in public speaking.

Miss Sarah White in an article in *The American Journal of Nursing* suggests the following device as helpful in securing student activity: "Making posters; giving student an opportunity to do some teaching, and helping her in her preparation for her class; the compiling of bibliographies when studying a subject such as Professional Problems; excursions, with the class divided into sections, sending them to a variety of places of interest to bring back reports; summaries at the end of class periods, one student summarizing a lecture or class and others checking the summary." Miss White says that "the instructor must have time to plan out each project and be

ready to help the students if they require assistance in carrying out their work."

Such activities no doubt would stimulate the interest of our students, and some of them have been successfully used in our schools, but before the device or project method can be generally adopted some changes must take place in our system of instruction in nursing schools. The instructors find it difficult to teach the required curriculum in the hours allotted to them, the nurses have not the time to devote to this type of study and, outside of the preliminary class, the nurses still attend classes besides having eight hours ward duty and no time for study.

Perhaps when the committee appointed by the Canadian Medical and the Canadian Nurses Associations has completed its survey of existing conditions in training schools for nurses, a revision of the curriculum and an eight hour day which includes class and study periods may be one of the results of its study of nursing problems. Then the instructors may have time to carry out the more interesting methods of stimulating learning in the student group, and the students will not be too tired to carry out the work necessary on assigned projects nor feel that they are neglecting some other important part of their work.

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## Clinical Teaching of Nurses

### I

*As done at the Royal Victoria Montreal Maternity Hospital Training School for Nurses*

By OLGA V. LILLY, Instructor.

The first step in this method of teaching is taken when the preliminary class is given the day before the pupil nurse enters the training school.

As ours is a teaching hospital regular clinics for the medical students

are held on an average of ten a week; these are given on patients in the out-door department, the wards, labour rooms, delivery rooms and the operating theatre. Here we take the opportunity of urging the new pupil to attend clinics as frequently as possible and endeavour to point out how her obstetrical experience may be vastly broadened through voluntary effort. In order that a record may be kept of the attendance, the



supervisors keep books in which the pupil registers her name at the close of each clinic. True, the teaching done in this instance is primarily for the benefit of the medical students, nevertheless, it is of inestimable value to the pupil nurse inasmuch as it is here that the medical student is given all of his practical instruction in obstetrics, and is taught the nursing as well as the medical care of these patients. The privilege, when relieved from duty, of visiting other wards in order to study a case of unusual interest, and of attending deliveries, is extended to the pupil nurse at the preliminary class and she again is urged to avail herself freely of the countless opportunities for bedside learning.

As at this first class we also teach the new pupil some of the hospital routines in the care of normal cases, a post-partum patient is brought in and a demonstration made upon her before the class.

Further clinical teaching is done in the wards, delivery rooms and nurseries. The care of the breasts, the application of binders, bathing the new-born infant and so forth are demonstrated upon a patient instead of a doll. Each pupil will demonstrate back under strict supervision for, at the very least, the first time.

Two of the doctor's lectures are given on "Pre-natal examination," and at these an ante-partum patient is brought to the lecture theatre. A complete external examination is made upon her before the class, the internal examination being illustrated by means of lantern slides.

Following these lectures two or three ward clinics are held solely for the pupil nurses. Ante-partum and post-partum patients are chosen, small groups of pupils are sent to each bedside. On the ante-partum patients they listen for the foetal heart, counting it, measure the height of the fundus, note any signs of pregnancy (such as will be found in the

breasts), take the external pelvic measurements, try to diagnose the position and presentation of the foetus, and finally estimate the duration of pregnancy and forecast the date of delivery.

On the post-partum patients the breasts are examined, the height of the fundus measured, the lochia noted, and, without asking the patient, a guess made as to the number of days since delivery. The groups then exchange patients and compare notes. A doctor and the instructor go from group to group and verify or dispute the findings. The bedside notes and history sheet of each patient are consulted at the close of the clinic.

During the winter and summer holidays, as there are no clinics for the medical students, arrangements are made to give at least one clinic per week for the pupil nurses. These are given by members of the attending staff and occasionally by the senior internes, and are held on both mothers and babies.

The pre-natal clinics also are a regular source of teaching. Every nurse attends some of these during her course and learns to take the blood pressure, examine the urine and otherwise assist the doctor.

The instructor endeavours to keep informed of the admission of any patient of particular interest from the teaching standpoint and at classes will refer to the case. If advisable she arranges for the nurses from other wards to see the patient; in any event they will be permitted to study the bedside chart and in that way follow up the case.

During the past year we have succeeded in giving some of the pupil nurses the opportunity to nurse a mother from the time of admission until she is discharged; this includes the care of her baby. We feel that this is an ideal experience for the pupil nurse, and aim to give, in the near future, the same opportunity to all who enter our training school.

## II

*IN A SPECIAL WARD*

By EILEEN FLANAGAN,  
Royal Victoria Hospital, Montreal.

We all know from personal experience in every day life that the things we actually have done ourselves are the things we feel we *can* do and do well. This fact is just as true in the training of nurses as in general life, for we have all known the greater confidence we have in ourselves after we have taken our "first case;" gotten ready for our "first blood transfusion" and so on.

No matter how many times a nurse has the symptoms and general appearance of a patient suffering from typhoid fever, pneumonia, or diabetic coma described to her in classroom, she never has the picture fully impressed on her mind until she actually has such a patient in front of her and has to look after him or her. We all feel that the more combined clinical teaching and practical nursing can be taught in the wards, the better; but we all know that this method requires a great deal of individual supervision on the part of the instructor, and a great deal more time on the part of the nurse-in-charge of a large ward, than in the majority of cases, she has to give. In a small ward such as a pædiatric or metabolism ward where, as a rule, the staff of nurses is greater in proportion to the number of patients than in a large general ward, clinical teaching in the ward is usually feasible. The following description is of a ward of fourteen (14) beds given up to diabetic, metabolic, and research cases. As a rule the majority of the patients are able to be up and about, therefore, not entailing as much routine nursing care as the usual hospital patient. To offset this saving of time, however, there are many tests, examinations and procedures which require time and detailed attention.

The staff consists of one graduate nurse, one graduate dietitian, four

nurses-in-training on day duty, on the ward; one on night duty and two in the diet kitchen. The nurses-in-training spend either four or six weeks in the department, two weeks each on day duty, night duty, and the diet kitchen. The four week nurses do not have night duty. In this way each nurse gets a good idea of the twenty-four hour service on the ward. The nurses rank in seniority according to the time on the ward, each nurse changing her duties weekly.

The ward being located in a teaching hospital there are clinics for medical students two mornings a week for an hour and a half. The nurses are able to attend these classes and get their theoretical teaching in diabetes, with the patients and their records before them. Then, again, as the reason for hospitalizing diabetics is to teach them to look after themselves in the matter of diet, general care, insulin administration, and urinalysis, the patients have instructions every day in a classroom at a regular time. The classes are given by the doctor, nurse-in-charge and head dietitian, and the nurses attend with the patients, so that in addition to learning the work for themselves, they learn how to look after and teach diabetic patients.

The senior nurse on the ward accompanies the head nurse while making ward rounds with the visiting doctor and staff and is thus able to follow the progress of the patients from day to day, and to understand the rationale of the orders given. This is very necessary for the correct carrying out of the various experiments.

Each nurse is taught individually how to take blood pressure, give insulin, and other procedures, with the patient as a subject. The nurses in the diet kitchen know the patients for whom they are preparing the meals and the reasons for the various types of diet. Each nurse must work



out a satisfactory diet to given values and have it checked by the dietitian.

This scheme, as you can see, requires considerable time and attention on the part of the teaching staff of the ward, but the results obtained are very satisfactory, making the work worthwhile.

### III

#### *IN A SPECIAL HOSPITAL*

By CATHERINE ROBERTSON,  
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Contagious Diseases, Montreal.

The Art of Nursing is so essentially the art of being able to perform certain acts efficiently, it follows that the more teaching given in the form of demonstration and bedside instruction the more capable the student will be. The needs of the patient come first, and frequently the student nurse, assigned the care of patients, does so with very little working knowledge of the actual condition present and treatments required.

This is one of the greatest needs found when the nurse has been taken from her usual environment—the medical and surgical wards—and has to take up duties in some special department or affiliated hospital. It is a debated point whether any preparation for some particular branch of nursing can be given before actual contact with the patient takes place. The ward work must go on as usual even though changes are made in the student personnel. Perhaps the day will come when the nursing service will allow for groups of nurses being given some intensive instruction for one or more days before being responsible for the care of patients; meantime an almost individual supervision and clinical instruction seems to be the practical solution. In teaching any subject, given as a short course, the correlating of class work and ward experience is most important, giving the student a more lasting

knowledge in a form which will be retained for future use. To do this satisfactorily there must be the best co-operation between the instructor and head nurses. Repetition, one of the laws of learning, must be carried out with the required standard maintained, otherwise much valuable time and energy is lost in the teaching field.

Careful preparation is necessary to give clinical instruction its full value, taking the immediate needs of the student as the first consideration. For some entirely new procedure a demonstration must be complete and accurate and more interest is shown if an actual patient, under treatment, can be used. This gives an opportunity of emphasizing the principle involved and of later observing results. It has been found helpful, in maintaining standards, to have personal supervision of treatments given by students, and credits allowed as part of the report in practical work.

One necessary detail of this method is that all students be given the same opportunities for demonstration and practice. When the knowledge of the diseases treated has been given as a series of doctors' lectures, it is most helpful to have some organized ward discussion. Students are required to make morning and evening ward reports, which will include new patients. The supervisor can take one of these reports as a foundation, asking questions and pointing out details of the disease and treatments, thus in a few minutes the ward group can have theory and practice linked up, and observation of conditions found in patients should be more extensive and accurate.

When time allows, the case study method is productive in the association of cause and effect and should always include the social history and health habits, making a desirable approach and contact with the patient, and increasing the nurse's powers of observation.

## Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,  
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### *Surgical Measures in the Treatment of Pulmonary Tuberculosis*

By Dr. L. C. FALLIS, Chief Clinician, Queen Alexandra Sanatorium, London, Ontario

[I am indebted to Dr. G. S. Jeffrey, recently of this Institution, for assistance in collecting the material of this article, as well as the one published in the November issue of *The Canadian Nurse*.]

For the purpose of this paper, the lungs may be compared to sponges. That is, they may at times, in certain diseases, become saturated with moisture and toxins, and again, when the proper force can be brought to bear upon them, this moisture, etc., may be squeezed out and expectorated. They lie in the thorax completely free and movable, with exception of the attachment at the root whence the large bronchi, blood vessels, etc., are admitted. They are each in a completely separate apartment, the partition being constituted by what we know as the mediastinum.

Each lung is encapsuled by a serous membrane known as the visceral layer of the pleura, which layer of pleura traverses the root of the lung and is then reflected back around the chest wall, as the parietal pleura. Thus, although when the lung is expanded, as is the case in health, the two layers of pleura are directly in contact, yet there exists, as in the case of an empty hot water bottle, a space which can be demonstrated when a force is applied between the layers and causes them to separate. This space is known as the "pleural space" or "pleural cavity," and it is here the fluid collects in pleurisy with effusion, the pus in empyema, and it is also here where the air is contained in pneumothorax.

A pneumothorax may be *accidental*, as in the case of a perforate wound of the chest wall.

*Artificial pneumothorax* is that arrived at by the voluntary induction of air or gas into the pleural space,

with a definite purpose of causing compression of the lung.

*Spontaneous pneumothorax* is a fairly common occurrence in cases of tuberculosis. The condition is caused when a diseased area of lung ulcerates the visceral layer of the pleura and thus admits air to the pleural space from the lung itself. This is frequently of an extensive nature, in which case there is considerable shock, acute dyspnoea, and pain, etc. The onset of a spontaneous pneumothorax is quite occasionally the terminal factor in cases of advanced tuberculosis.

It is, of course, the artificial type of pneumothorax with which we will deal chiefly.

As far back as one hundred years ago it was noted by certain physicians that should the patient recover from the shock and acuteness of the occurrence of a spontaneous pneumothorax, there was quite frequently a definite improvement in the general symptoms, and even in those days the induction of air artificially was considered. No one, however, cared to make the attempt until in the neighbourhood of 1890 an Italian physician, Forlanini by name, reported a number of cases in which he had been successful in causing an artificial compression of the lung and with considerable benefit to the patients. Towards the close of the nineteenth century the treatment was pioneered in America by the late Dr. John B. Murphy, of Chicago, and since that time there has been a very gradual but universal acceptance of the pro-



cedure throughout the world, until at present, in some clinics, as many as 25 per cent. to 30 per cent. or even more of those patients admitted to sanatoria are treated in this manner, and it is to-day considered to be the greatest boon that has ever been instituted for the help of an advanced case of pulmonary tuberculosis.

The benefit derived by this method may be considered to be due only partly to the mechanical effect of causing compression of the lung and thus putting it at rest. The squeezing from it of the toxic mucous and caseous material, and the bringing together of the walls of cavities, are, of course, important results of the compression. But there is also another factor that enters into the picture, which is that of absorption. When the lung is compressed, there is also compression of the blood vessels and lymph channels, and as it is by way of the lymph flow the toxins are emptied into the blood stream, one can readily see that when a lung is under collapse there is every probability of toxæmia, and, in favourable cases, a complete cessation of constitutional symptoms. Improvement may be marked within a few days of the commencement of treatment, i.e., temperature falling, or even normal, and decrease in cough with a general feeling of well-being. The sputum is probably increased for a few days, after which one hopes for a marked lessening.

The ideal case for pneumothorax treatment would be one in which the disease was limited entirely to one lung. Unfortunately, such cases practically never occur. When one lung is collapsed the other lung must do the work of the two, and any disease which it contains would appear to be put at a considerable disadvantage in healing. As a matter of fact, the relief from toxæmia which the system experiences when the bad lung is collapsed may more than compensate for the added work which the good lung must do, and healing may

actually proceed in the functioning lung. No patient would ever be selected for pneumothorax treatment with anything like extensive disease in the good lung, unless such disease appeared to have undergone advanced healing, or unless the patient's outlook was so grave as to warrant taking a long chance with the hope of possible help. Two types of cases are commonly selected. The toxic febrile patient with free cough and expectoration, whose disease is limited largely to the one lung and who is not responding to bed rest. The advanced case who has improved to a certain degree under ordinary measures of treatment but whose ultimate outlook for a satisfactory result is remote, frequently because the presence of a large cavity in the bad lung maintains a persistent cough and expectoration or is the source of recurrent hæmoptysis. Pneumothorax may also be attempted in suitable cases for the relief of a severe and uncontrollable cough or as an emergency measure in repeated, severe hæmoptysis, and it is now recognized as the treatment offering the best chance of a favourable termination in cases of lung abscess.

Collapse of a lung, when once established, is usually maintained from two to five years, frequently indefinitely. Some of the best authorities nowadays adopt as routine the discontinuing of the refills in the spring of the year following on two years' treatment. This, of course, only in cases where there are no untoward circumstances, contra-indicating such procedure. Artificial pneumothorax necessitates periodical refills for which the patient may find it necessary to visit a physician at some distance, and since there are, as well, complications to be reckoned with which we will discuss later, for these reasons it should never be undertaken lightly, nor before the ordinary measures of treatment have been given due consideration. While there are, no doubt, changes which occur in a

collapsed lung which render it less efficient as a respiratory organ, they rarely diminish its functioning power to any appreciable extent, and even after several years of collapse the lung may be allowed to re-expand and return to function. Many patients with perfectly functioning pneumothorax are reluctant to ever permit re-expansion, as there is always the possibility that the disease may become reactivated, and when the lung has once completely re-expanded the two layers of the pleura tend to become adherent, so that re-collapse at a later date becomes more difficult or impossible. Complete collapse of one lung does not ordinarily occasion any discomfort nor any shortness of breath on ordinary exertion. Many patients are able to carry on at their vocation while still under treatment.

Complete collapse of the lung is never attempted at the first operation. In order to avoid the shock which follows a massive spontaneous collapse, the lung is collapsed gradually by a series of air injections extending over a period of one or two weeks, and frequently longer. When collapse is complete, gas need only be injected to replace that which is absorbed, and since the rate of absorption gradually decreases, the interval between injections or refills can be slowly increased. When well established, refills are frequently only required at monthly intervals.

The patient lies upon the table with the lung to be collapsed uppermost, a pillow beneath his waist so as to increase the width of the interspaces between the ribs. A local anaesthetic, such as novocaine, is all that is required. For the first filling a blunt needle may be used so as not to injure the lung. The needle is connected by means of rubber tubing to a U-shaped glass tube containing a column of water (the manometer). When the needle enters the pleural space, the suction causes the level of the fluid in the manometer to oscillate with respiration in a character-

istic way. The operator relies upon the manometer to tell him when the needle is in communication with the pleural space, for then only is it safe to inject air; also, to keep him informed as to the pressure of the air within the space. The apparatus is so arranged that air can be injected under gentle pressure in measured quantities. The average refill will be anywhere from two hundred to eight hundred cubic centimeters of gas. To carry on pneumothorax treatment satisfactorily, frequent x-ray or fluoroscopic examinations must be made and a careful check on the state of the good lung maintained.

Pneumothorax treatment is by no means always clear sailing. In the first place, adhesions between the two layers of the pleura, resulting from previous pleurisy, may practically have obliterated the pleural space, rendering pneumothorax impossible, or may be such as to prevent anything more than a partial collapse. Weak adhesions may give way as treatment proceeds. It is never safe to predict without trial just how much collapse is likely to be obtained. In some cases, before complete collapse is obtained, the mediastinum or thoracic partition shifts under the pressure so as to interfere with the expansion of the good lung or with the action of the heart. In such cases one must be content with less pressure and a partial collapse only. One of the most common complications of pneumothorax treatment is pleurisy with effusion, occurring in at least fifty per cent. of cases at some time during the course of treatment. It is usually heralded by malaise, fever, and aching throughout the affected side. After a few days the patient may feel and hear the splash of the fluid as he moves about. When the acuteness subsides, the fluid in most cases slowly absorbs. At times aspiration may be necessary since the increased pressure causes shifting of the mediastinum. Fluid acts in the same way as air in maintaining com-



pression of the lung, but is less easily controlled. Sometimes the lung floats out in the fluid, forming adhesions to the chest wall, so that sooner or later the air pocket is lost. Only rarely effusion may terminate in empyema. Then there is always the possibility that active or spreading disease in the good lung may necessitate release of the collapsed lung. However, in spite of these apparent drawbacks, pneumothorax treatment has proven a very excellent measure. It has given health and healing to thousands for whom the outlook was otherwise gloomy or hopeless.

*Thoracoplastic Surgery.* When an effectual pneumothorax is impossible because of adhesions, or a previously satisfactory pneumothorax pocket is lost following effusion and formation of adhesions, it is sometimes advisable to attempt collapse of the lung by the more drastic measure of thoracoplastic surgery. The essential feature of such operations is the removal of a section from each of the ribs on the affected side, so that the chest sinks in and the lung is partially collapsed. Thoracoplasty is never done where a satisfactory pneumothorax is possible. The surgical risk is much greater than in pneumothorax, but when once successfully completed there is not the same tendency to complications. Moreover, the patient is not subjected to the annoyance of repeated minor operations occasioned by gas refills. The collapse is never complete, as is possible in pneumothorax, but for the degree of collapse obtained, thoracoplasty is probably more effectual. Since it is, however, a permanent affair, cases have to be selected with even greater care than for pneumothorax. Thoracoplastic surgery in the treatment of pulmonary tuberculosis is rapidly coming into more frequent use, and the results obtained are encouraging.

*Phrenicotomy.* The operation of phrenicotomy is occasionally done as an adjunct, either to a pneumothorax or a thoracoplasty. In this operation

the phrenic nerve which controls the movements of the diaphragm of the affected side is severed as it passes downwards in the neck, with resulting paralysis of that half of the diaphragm. The paralyzed and relaxed half bellies upward into the thorax, permitting a much more effectual collapse than would otherwise be possible.

#### *Summary and Conclusions*

1. A pneumothorax may be *accidental*, as in the case of a perforate wound of the chest wall; *spontaneous*, as in the case of the rupture of the visceral layer of the pleura, which occurs in a number of cases of advanced pulmonary tuberculosis; or *artificial*, as instituted by the physician as a voluntary measure of treatment.

2. While the selected cases for artificial pneumothorax are those with a unilateral disease, it may be tried, and has been found very beneficial, in many cases with more or less trouble in both lungs. One, of course, usually much worse than the other and concluded to be the most likely source of the present breakdown. It may also be used in cases of repeated haemoptysis and in the treatment of lung abscess, as well as other respiratory affections.

3. Treatments in many cases are continued indefinitely, but some authorities at present adopt a routine of two years from the spring of the year, following the induction. After discontinuing the refills, the lung will expand and function.

4. Pleurisy with effusion is found to develop some time or other, in probably 50 per cent. of artificial pneumothorax cases. This is usually not a serious affair and in most cases reabsorbs without jeopardizing the patient's outlook for recovery.

5. In many cases, due to adherent pleura, it is impossible to find the pleural space and, therefore, artificial pneumothorax cannot be instituted. In some of these cases thoracoplasty would be advisable and should always be considered.

## Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,  
Miss MARY MILLMAN, Department of Health, Toronto, Ont.

[We have been fortunate in receiving from Miss M. E. Misner a copy of her report made following her course of study of School Nursing in England, under the direction of the British College of Nurses. While in England Miss Misner and Miss P. Morrison, superintendent of nurses, McKellar Hospital, Fort William, were received as Fellows of the British College of Nurses.—Editor.]

By M. E. MISNER, R.R.C., F.B.C.N.

### I SCHOOL HEALTH IN LONDON, ENGLAND

The Education Act of 1921 follows upon and improves upon the Children's Act of 1908. By it every school: elementary, public, secondary, continuation, any school, the governing body of which receives payments out of any general fund, such other schools or educational institutions (not being elementary schools) as shall come under the Welch Intermediate Education Act, 1889, *shall have the duty* to provide for the medical inspection of their pupils, and the power to make such arrangements as may be sanctioned by the Minister of Health. All these schools throughout England mentioned *must* have medical inspection. The Minister of Health decides as to whether the local authorities employ *adequate* service. Any local educational authority not coming up to standard in medical service is advised of the fact and caused to remedy its fault. Aside from these schools mentioned (which all receive help from the Government), the local education authority for higher education may exercise like powers, whether aided by the Government or not, if so requested by the management of school.

Seven years previous to the passing of the Children's Act, however, London had appointed school nurses, the first one to be appointed starting her duties in 1901. At that time ringworm was very prevalent and accounted for such a large percentage

of chronic absence from school that the nurse was appointed for the sole purpose of following it up. She was, in fact, known as the ringworm nurse. Her work since has been extended over a wide domain, but statistics, the evidence of one's own eyes, and the school nurses' experience, reveal still a prevalence of this disease and of pediculosis such as we in this country have never experienced.

Sir George Newman, Minister of Health, says that the obvious improvement in the condition of the children in the elementary schools during the past 20 years can be very largely ascribed to the quiet and unobtrusive, but steady and persistent labours of the school nurses.

By September, 1904, the School Board, and its successor, the Council, had appointed eleven nurses whose duties specifically included the supervision of personal hygiene in children. The nurses at that time worked under great difficulties as there was no explicit statutory sanction for dealing with conditions in face of much opposition from irate parents. By 1911, however, legislation had been brought to bear on the subject following offers of help and co-operation between Borough Councils, London County Councils and the people concerned. Cleansing stations had been set up by the Borough Councils as a result of the Cleansing of Persons Act, 1897. The London County Council had also itself set up three such stations in 1910 and it was at these three stations that arrange-



ments were made for the compulsory cleansing of children in accordance with the powers conferred on the Council by the Children's Act of 1908. By 1911, therefore, a fairly comprehensive scheme was in operation for practically the whole of London. Increasing attention had been given during the war years to the methods of cleansing, and in 1919 by collaboration of the Council's chemical and nursing staffs, a special preparation was brought into use and proved so successful that it was possible to cleanse the most verminous of heads at a single sitting. At the same time a special type of metal comb was introduced which was found to be extremely effective. Not only in this scheme of head and body cleansing was legislation brought down, but power was given to the Borough Councils for cleansing, purifying or destroying articles certified as filthy, dangerous or unwholesome, and for the compelling of the stripping and cleansing of verminous dwellings. The cleansing scheme provides that local boroughs should be notified of all cases of children bodily infested and of persistent cases of head infestation. Thus, whilst the school child is being dealt with under the cleansing scheme, the local sanitary authority is given the opportunity of dealing with other members of the family, the bedding and clothing, and also with the actual dwelling. Extended powers in this regard were subsequently given in the General Powers Act of 1922.

Each cleansing station, by the way, is staffed by one nurse and two paid women attendants, who do nothing but cleanse heads. Tar oil is applied and left for five minutes and then washed out with soft soap and borax. The stations are equipped with every appliance: sprays, sinks, hot and cold water, bath tubs, showers, drying apparatus and towels. Parents attend during cleansing operations.

Miss Helen L. Pearce, F.B.C.N., superintendent of school nurses for

London County Council, has her offices in the County Hall at Westminster Bridge. I spent a good deal of time with her at her offices, and from her I received a most valuable fund of information, not only of school nursing, but of the whole nursing situation in England. She has six assistants, one who does not go out of the office, and five who have supervision of the school work in groups of boroughs — there being twenty-eight boroughs. Each supervisor has about sixty nurses in her district, there being 328 nurses doing school work only. Each school nurse has 6,000 children to inspect, and these she sees at least every three months. During the time I spent with Miss Richardson, school nurse in Southwark, I did not see her examine any throats or backs of mouths at all, nor were the sleeves rolled up even. She seemed only to be looking for verminous heads and to be checking up on health habits. She stands facing a row of children, has a metal comb which she dips in a cup of lysol solution, and then runs through each child's hair, separating it to see if any nits or vermin are present. Nails and teeth are examined for cleanliness. She keeps no directory sheet. A general record of the names of children is kept in the office, but not carried on inspection. The name of any special case for immediate attention is given to the monitor, an older pupil, who puts it down in a note-book. In this book also the monitor keeps track of the classes as they come to the assembly hall, keeps boys in order, notifies each class when to come and records the nurse's verdict as to the cleanliness of the class. At a "Central" school such as this one I have in mind, only the boys who intend to go on to secondary schools attend, although there is an infants' school in the basement and a girls' school above, also in a separate building in the school yard an art and vocational department. Babies start at three years and enter

school proper at five. The nurse does not do follow-up work, although very anxious to do so. This part of the work is done entirely by voluntary, untrained workers employed by the Care Committee, with often unsatisfactory results. The nurse does eye-testing and weighing, but little classroom teaching of health.

One morning's work was inspecting 400 boys. Over in a corner of the great room was a table with about four boxes of penny sweets and a box of tooth brushes—all for sale to the pupils, a scheme for raising money for various sports activities or pictures, etc. Junior Red Cross is started with the infants. When they keep all health habits for a given time they are presented with a Junior Red Cross badge of which they are justly proud. Although the teacher does the greater part in bringing the children up to standard, only the nurse can pass them as being eligible for a badge. Loud are the wails of the child and bitter the complaints from parents if a child does not receive a badge. One child who once came up to standard and then lapsed from grace had the badge taken from him, of course, so mother and grandmother both came to school to protest. It was explained that it was not by coming clean just one day or two days that he could attain and retain his badge, but that he must always be clean and tidy. Some parents at first were suspicious of the nurse and teachers, fearing they meant to make gentlemen of their boys.

At some of the schools I sat and watched the School Medical Officer doing physical examinations and special inspections and going over "leavers." These "leavers" are boys who are stopping school at Easter to go to work—boys of 14, most of them looking small and young and undeveloped to be going out to work for the rest of their lives, but of course most of them come from underprivileged homes. The school master or mistress is always present during

all health inspections by either the doctor or nurse, as is also the organizer of the Care Committee, who discusses with the parents there and then, ways and means of securing proper treatment for defects found. If the mother has no means of paying for private treatment a voucher is given her permitting her to take the child to a treatment Centre. Should the appointment not be kept the Care Committee representative calls to see why. If the parent does not attend the inspection the school nurse visits the mother with an advice card from the School Medical Officer, but any subsequent visits required are done through the Care Committee.

The routine for complete physical examinations by the School Medical Officer is when the child enters elementary school proper at the age of 5 years, then again at 8 years and again at 11 years. This is always done, but for "leavers" there is also another complete physical before actual leaving. In between these periods, of course, the nurse is making her quarterly inspections, and all children who appear to be not doing well are referred for a special examination. Thus, the children, although not receiving nearly so much attention from the nurse as we on this side give, receive a good deal more attention from the doctors. The dental staff make a complete survey once a year, with the exception of children who come up for medical inspection; for instance, each year the dentists examine all children under 5 and all between the ages of 5 and 8, and between 8 and 11, and over 11, but do not touch the children of those specified ages, because they will be examined by the doctor that year, and he looks at the teeth as well as all other physical parts of the child, so that every child is orally examined every year and medically examined at least four times in school life. In the majority of cases parents or guardians attend during the complete physical examination.



The provision for open air education for London includes at present 5 open air schools for tuberculous children with accommodation for 365 children, 8 open air schools for non-tuberculous children, and 137 open air classes in connection with ordinary open air schools, with accommodation for 5,480.

All the children attending these schools and classes go home each night to sleep and have Saturday and Sunday at home, the same as they do in our own open-air schools, but these schools remain open throughout the year. Then there are 5 country camp schools accommodating 484 children for short periods, providing for about 4,700 children annually.

## II

### BOROUGH HEALTH WORK

#### *The Borough of St. Marylebone*

Each borough of the county of London has its own Town Hall, its own administration in health, sanitation, etc., except for school nurses, who are employed and directed by the London County Council. The health visitors, and other nurses and helpers in the borough scheme have nothing whatever to do with school work, although the school nurses send their children to the borough cleansing stations and to the health treatment and dental clinics, conducted under the supervision of the Borough Council. There are six health visitors and sanitary inspectors, and two T.B. visitors. In 1926 these workers in the Borough of St. Marylebone, made 7,136 visits. Most of my health work was done and my observations made in this borough. As was their usual custom whenever I was entering a new field, the British College of Nurses made the way as smooth as possible for me, sending Miss Bartleet, an ex-member of the Marylebone Health Society to conduct me by taxi to the Town Hall. Dr. Porter, the Medical Officer of Health, re-

ceived me most cordially and after a rather lengthy chat handed me over to Miss Mann, one of his very able health visitors, and Miss Baker, the tuberculosis nurse. The maternity and child welfare scheme now in existence, contains both voluntary and official elements, Marylebone Health Society being the greatest of the former. I spent some time at Queen Charlotte's Lying-in Hospital, and the Western General Dispensary, and the North Marylebone School of Mothercraft. This latter is in a very bad section and is doing a wide and splendid work. Clinics are held every day in the week. Infants' clinics every day. Toddlers' clinics every day, 2-5. Minor ailments clinics daily, where skin diseases, running ears, etc., are treated and circumcisions done. Sunlight treatments are given to mothers twice a week. The dental clinic is used for expectant mothers, as well as for pre-school and school children. A trained masseuse comes twice a week to treat rickety children. Anti-diphtheretic clinic for babies from the age of six months on. Here also ante and post natal consultations are held. On entering the general waiting room the first thing that caught my eye, was the neat way the clothes of toddlers were kept in wire baskets hung on the backs of the benches—for this was toddlers' day. It is thought advisable to hold the Toddlers' Clinic separate from the Infants' Clinic, because the baby gets all the attention when he is present, and the toddler is left in the background and too often allowed to slip back. I sat for an hour beside the toddlers' doctor. Little children with very distended tummies were brought to her. They were also suffering from diarrhoea. "Too many potatoes," said the doctor, and ordered suet dumplings, rabbit and fish. The fresh herring, she explained, were the richest in food value of any known food, but not out of the reach of the very poor. The dumplings are cooked, of

course, in meat juice or stew, and the suet supplies the necessary fat, as these people can afford little butter. Rabbit is the chief meat but has food value. Dripping is the usual butter. When necessary various kinds of cod-liver oil are given in hot milk. It was at this centre I met Dr. Mabel Brody, who was interested enough to give me a letter to Dr. Armande deLille of Paris, who in addition to being so great an authority on sunlight treatment, is also experimenting in anti measles work.

At the ante-natal clinic may be had pattern garments for expectant mothers and coming babies, the only charge being for the actual wool contained in the garment. There is also a free lending library, and a cup of tea for every woman attending.

Every woman who attends the ante-natal clinic, may come to the post-natal clinic and receive supervision for herself as long as she needs it and for the child up to the age of five years. Some drugs and some treatment are given. A summary of the physical condition of every child who attends the Infants' and Toddlers' Clinics, is sent to the school medical authorities. The school authorities notify the health worker of any infectious disease in the schools and the health worker visits the home, and, if necessary, can give the help of the district nurse in many cases free of charge. Doctors, hospitals, and midwives notify the M.O.H. of all births within 48 hours of birth. After ten days each infant is visited by the health visitor, who advises and then gives the address of the nearest and most suitable clinic, where the baby is then supposed to visit regularly until the age of 5 years. Arrangements for providing assistants in

carrying out the work of the homes of expectant, nursing and ailing mothers, can also be made by health visitors. This is made possible by a grant set aside for the purpose by the Borough Council. If a husband's work is irregular, a grant of milk or dried foods can be obtained through the Ministry of Health, either free or at a reduced rate. A grant of milk is obtained for expectant mothers from the seventh month.

Ante-natal cases are found in various ways: 1, by health visitors making call for some other reason; 2, by certain hospitals sending lists of women they know to be pregnant. The hospital wishes the visitor to help the women prepare for their cases, to see the home conditions, and decide whether the home is a suitable place for the birth to take place in. If it is not the patient is taken to the infirmary or hospital, where she is expected to pay something. If the home is suitably clean and equipped, the hospital will probably send its own mid-wife. The Guardian or Almoner from the hospital visits to ascertain how much the patient can pay. Some ante-natal cases are discovered by the mother attending a clinic with a small child. She is in this event invited to the ante-natal clinic which is held once a week. These ante-natal cases are not visited in their homes, unless for a very special reason, but are urged to attend the clinics. If a woman is irregular in her attendance at the ante-natal clinic, a post-card is sent to remind her that her attendance is expected, but there are few delinquents. Some treatments, as well as abdominal belts, bandages, etc., are provided by the Council.

(The remainder of Miss Misner's report will be published in January, 1929, issue.)



## News Notes

### ALBERTA

**CALGARY:** The Calgary Association of Graduate Nurses held a very enjoyable bridge at the Colonel Belcher Hospital on October 16th. Forty tables were filled by the bridge enthusiasts. The Association is much indebted to Miss Allison and her staff of patients who very ably arranged the spacious recreation hall, and helped serve the refreshments. The sum of \$50.00 was realized.

Miss Ash, local supervisor of the Victorian Order of Nurses, and her staff entertained in honour of Miss Nan McMann, western supervisor of the V.O.N. The various health and nursing departments were represented, and a most enjoyable evening was spent.

Miss A. Cartier, who has been engaged in private duty work for the past two years in San Francisco, is visiting friends in the city.

Miss J. Husband, who recently underwent a serious operation, is slowly recovering.

**EDMONTON:** Miss M. Baird gave an interesting talk on Prenatal Care at the October meeting of the Graduate Nurses Association.

The Kinsmen's Club of Edmonton are providing a nurse to work with the Tuberculosis Clinic. Miss Davidson, formerly of the Red Cross, has accepted the position.

Miss Stacey and Miss Story (University of Alberta Hospital, 1928), have accepted positions in the Westlock Hospital.

Miss Watherston, of the Provincial Health Department, is leaving for the old country on an extended vacation.

Miss Davidson entertained a few nurses at the McDonald Hotel in honour of Miss Nan McMann, western supervisor of the Victorian Order of Nurses.

The Graduate Nurses Association greatly regret the sudden death of Dr. H. R. Smith, superintendent of the Royal Alexandra Hospital.

### BRITISH COLUMBIA

The results of the recent examination held in many centres throughout British Columbia for the certificate and title of "Registered Nurse" are as follows: names being given in order of standing:

80% to 100%—Misses E. Berry, St. Paul's Hospital, Vancouver; M. E. Harvey, Vancouver General Hospital; M. Thom, Vancouver General Hospital; (D. Heap, Royal Jubilee Hospital, Victoria, and F. MacKechnie, Vancouver General Hospital, equal); (A. Castell, Hazelton General Hospital, and M. E. Doyle, St. Paul's Hospital, Vancouver, equal).

70% to 80%—Misses G. G. Davis, M. S. Tait, E. K. Gann, P. E. Lyons, Sister M. Beatrice, (M. J. G. Johnston and G. M. Spurr, equal), L. Crafter, (G. Underwood, H. Watt, equal), A. Lambert, C. G. Lang, E. Langlands, H. H. McIntosh, (M. A. Eyles, E. V. McFarlane, A. T. Yates, equal),

(C. D. M. Beard, M. B. Garner, I. M. Lamont, equal), F. B. Floyd, M. Traquair, C. Moir, B. P. Clark, M. M. Pitts, E. A. Hampton, (C. A. M. Ross, I. K. Stewart, equal), (F. M. Crosby-Daly, D. E. Rowlands, equal), H. M. Guy, M. G. Lusk, J. E. Martin, (M. A. H. Cruickshank, M. B. Hardy, equal).

60% to 70%—Misses S. I. Swanston, (M. E. Anderson and A. E. Leveque, equal), (Misses I. M. Lee and I. E. Otterbine, equal), A. M. Cook, B. L. Montague, (H. V. Cochran, H. A. W. Fowler, equal), D. M. Edwards, (M. G. Brice and E. M. Cameron, equal), H. Nichol, (I. V. Malo and Sister M. Ethelreda, equal), E. M. Roome, (V. M. Milner and D. Watson, equal), M. E. Symons, (M. M. Banfield and C. C. Murray, equal), (A. M. Cumberland and J. L. Stoddart, equal), (K. A. Kennedy and V. Smith, equal), J. E. Calder, E. M. Lacombe, A. Wyrzykowski, (E. M. Ferguson and F. C. Main, equal), (Mrs. V. Needham and N. J. Ross, equal), M. A. Williams, D. F. C. Bayntun, (C. L. Flick, S. Z. Moore, equal), I. M. Reece, J. Down, T. Attewell, C. Deacon, E. S. Cronkite, E. R. Ross, J. Archer, Sister M. Fintan, D. Crystal.

**PASSED SUPPLEMENTAL EXAMINATIONS—**Misses V. Cloke, P. G. Edwards, J. Lockie, F. C. Mathews, E. Ruttan.

**PASSED WITH SUPPLEMENTAL EXAMINATIONS TO WRITE—**Misses C. M. Bawtinheimer (1), I. M. Dynes (1), E. Fiddick (1), D. Forde (1), C. M. Hardie (1), E. M. C. Jackson (1), B. Leonard (1), L. Morrison (2), C. F. McNichol (1), E. Simpson (1).

### MANITOBA

**BRANDON:** The first regular meeting of the Brandon Graduate Nurses Association for the season, was held at the home of Mrs. Bigelow. Doctor Bolton gave an instructive address on "Infantile Paralysis." A social time during which dainty refreshments were served brought a pleasant evening to a close.

Dr. A. C. Baragar, superintendent of the Brandon Mental Hospital, has gone overseas for eight months to take a post graduate course.

**GENERAL HOSPITAL, WINNIPEG:** Mrs. (Dr.) Stevenson (Martin, 1916), was a patient in the hospital recently.

Miss M. Macrae (1911), who spent the past three months in Scotland, is visiting friends in the city.

Miss J. Isabel Smith (1910), of Los Angeles, is visiting her mother in the city.

Miss Clara Gillies (1912), who spent the summer months in Winnipeg, has returned to New York.

Miss Gertrude Hall (1921), who has been very ill, is much improved.

The Alumnae gave a supper dance in the Fort Garry in October. Much credit is due Miss McGillvary and her committee for the success of this event.

## NEW BRUNSWICK

ST. JOHN: The meetings of the St. John Chapter of Registered Nurses, September and October, were marked by the large number of members present, September being the annual meeting, the election of officers for the coming year took place. The president is Miss E. J. Mitchell, unanimously re-elected; the vice-president, Mrs. J. Vaughan, and the second vice-president, Miss Kathleen Lawson. Miss M. Fraser, Miss E. J. Mitchell, and Miss A. Sutherland were re-elected to the offices of treasurer, registrar, Sick Nurses' Benefit Fund, Stammers Memorial Fund, and secretary, respectively. Others elected were: "The Canadian Nurse," Miss Thorne and Miss MacGillivray; Private Duty Section, Miss Lawson; Programme Committee, Miss Richardson, Miss E. McCarthy; Refreshments, Mrs. Burnham, Miss M. Murdock.

Miss Retallick, as delegate to the C.N.A. Biennial Meeting at Winnipeg, spoke of a very interesting visit she had paid to the publishing house of "The Canadian Nurse," urging the members to give loyal support to their own magazine.

The feature of the October meeting, a lecture by Dr. C. M. Kelly on spinal anaesthesia, was very interesting and instructive. The apparatus for spinal anaesthetics was demonstrated, also the spinal mercurial manometer. A hearty vote of thanks was extended to Dr. Kelly.

Mrs. Arthur Chesley (Beatrice Reid), received October 11th, 1928. A large number attended and a great many of the nurses were present.

Miss Lucy McIntosh has accepted a position on the staff of the Mount Kisa Hospital, New York City.

ST. JOHN INFIRMARY: The Alumnae of the St. John Infirmary held their annual meeting September 10th. Miss Mary Downing was elected president; Miss Mary Walsh, vice-president; Catherine MacGillivray, secretary; and Gertrude Ward, treasurer. Additional members of the executive are Miss Higgins, Miss Moore, and Miss Jennings.

## NOVA SCOTIA

ANTIGONISH: St. Martha's Hospital School of Nursing held its Commencement Exercises on the evening of September 4th.

The Reverend I. McLellan, president of the Board of Directors, occupied the chair.

After the overture, Miss Evelyn Kelly delivered the salutatory, a very pleasing contribution to a most enjoyable programme. This was followed by a chorus "Murmur Soft Ye Breezes," by the student nurses, after which the graduates solemnly spoke in unison the Florence Nightingale Pledge.

The chief feature of the evening was a masterful address by Right Reverend James Morrison, Bishop of Antigonish, who also presented the diplomas to the graduates as follows: Misses Edna Hurst, Mary E. Theriault, Frances Dick, Anna McKinnon, Margaret R. McDonald, Margaret Chisholm, Mary A. McDonald, Evelyn Kelly, A. Savage.

Mrs. R. F. McDonald and Miss Cecilia Chisholm presented the class pins.

W. F. McKinnon, M.D., F.A.C.G., on behalf of the medical staff, delivered an inspiring address to those who had, after three years of application and devotion, fitted themselves for one of the noblest of professions.

"Opportunities and Progress in the Field of Nursing" was the theme of a splendid essay by Miss Annita McDonald, a student nurse; after which Miss M. Chisholm, class valedictorian, spoke her fitting words of farewell.

## ONTARIO

Paid-up subscriptions to "The Canadian Nurse" for Ontario in November, 1928, were 1,173, 10 more than previous month.

## APPOINTMENTS

HAMILTON GENERAL HOSPITAL: Miss E. Menzies, who has been supervisor of the private wards, has been appointed supervisor of the maternity department.

Miss I. Buscombe (1921), has been appointed supervising instructor.

Miss J. Jackson (1927), as charge nurse of Ward 4.

Miss McDermott (1909), as supervisor of private wards.

HOSPITAL FOR SICK CHILDREN, TORONTO: Miss Amy Beare (1927), has accepted a position on the staff of the Children's Hospital at Detroit.

GRACE HOSPITAL, TORONTO: Miss Irene Gilbert (Grace Hospital, 1928), has been appointed to the Obstetrical Department of Grace Hospital.

Miss Myrtle Barobe (St. Joseph's Hospital, Port Arthur, 1927), has been appointed superintendent of the Isolation Hospital, Fort William.

Miss Vera Lovelace (McKellar Hospital, Fort William), has been appointed school nurse in Port Arthur.

## DISTRICT 1

WINDSOR: The Hotel-Dieu of St. Joseph has fifty pupil nurses, of whom fifteen entered this fall. Sister Teresa of the Infant Jesus is superintendent, and Miss M. Richards, assistant superintendent.

At the last monthly meeting of the Alumnae Association, of which Miss M. Finnegan is president, Dr. Raymond Morand gave an interesting paper on Fake Cures.

## DISTRICTS 2 AND 3

HANOVER: Miss Ada Graham who has been assistant superintendent of the Hanover Memorial Hospital for the past year has resigned and received an appointment on the staff of the Harper Hospital, Detroit. Her place has been taken by Miss Edith McDonagh (Hanover Memorial Hospital), of Owen Sound.

Miss Jessie Cragmill, Harriston (Hanover Memorial Hospital), resumed her duties on the staff of the University of Michigan Hospital, Ann Arbor.

## DISTRICT 4

HAMILTON GENERAL HOSPITAL: The Alumnae Association held a most successful



bazaar in the nurses' residence of the General Hospital on October 26th, 1928, the proceeds of which were in aid of the Mutual Benefit Association, in connection with the Alumnae. Mr. Paul Myler very generously donated a Westinghouse Batteryless Radio to be drawn for, the proceeds of which went far towards making the total amount of \$1,355.86. Mr. Stuart Roy, husband of our worthy president, kindly donated a hypodermic set, and Miss Grace Hall a breakfast set, both articles to be drawn for.

Dr. and Mrs. Stokey (Sybil Hosking, 1922), of Africa, are home on furlough.

#### DISTRICT 5

**HOSPITAL FOR SICK CHILDREN, TORONTO:** The first meeting of the Alumnae Association for the year took place on October 11th at the Nurses' Residence. The president, Miss Hazel Hughes, occupied the chair. An exceptionally interesting report of the Biennial Meeting of the Canadian Nurses Association at Winnipeg, was read by Miss Fitzgerald, who had represented the Alumnae. Dr. F. N. G. Starr gave an interesting address on "Cancer."

A number of delightful chain teas are being given by various members of the Alumnae Association—Miss Hill, of Meadowvale; Miss Halliday, of Whitby; and Mrs. Dal Smith—all of which have proved both socially and financially successful.

The official opening of Thistledown, the new convalescent hospital of the Sick Children's, took place on October 24th, when hundreds of interested friends motored out to view the beautiful place, with its up-to-date equipment of every sort. Doctor Cody performed the opening ceremonies. Miss Alice Grindley (1914), is in charge, with Miss Sue Smythe (1917), as assistant.

**WESTERN HOSPITAL, TORONTO:** The monthly meeting of the Alumnae Association took place in the nurses' residence on October 9th. There was a large attendance. A new method of electing officers for the ensuing year was discussed.

Miss Bessie Hamilton and Miss Pinkerton (1924), are doing institutional work in the New York State Hospital.

Miss Mary McCamus (1920), has been awarded a scholarship by the Alumnae for one year's course in Teaching in Schools of Nurses, at the University of Toronto. In the November number of "The Canadian Nurse" it was incorrectly announced that Miss McCamus was taking a course in Public Health Nursing.

**WESTON:** The annual meeting of the Alumnae Association of the Connaught Training School for Nurses was held at the home of Miss Clara Foy, Toronto.

The secretary and treasurer presented very satisfactory reports. The president, Miss Hazel Dixon, read a list of the contributions received towards the "Annie Beauchamp Fund." It was decided that the sum of five dollars should be set aside to provide a prize for the graduating class.

#### DISTRICT 7

**GENERAL HOSPITAL, KINGSTON:** Miss Gertrude McCullough and Miss Gladys Lozier (1925), are doing general duty at Nyack, N.Y. Miss Mary Wheeler, night supervisor at K.G.H., and Miss Mildred Davis have returned from a month's trip to Billings, Montana.

#### DISTRICT 8

**OTTAWA:** The 1928 Graduating Class of the Ottawa Civic Hospital have contributed \$25.00 out of their class funds to the International Congress Fund.

#### DISTRICT 9

**TIMMINS:** St. Mary's Hospital has opened its new seventy-five bed building, which is the first fire proof building to be erected in Timmins. A training school for nurses has also been opened, with accommodation for twenty nurses. Sister M. Fidelis is the director of nurses.

#### DISTRICT 10

The October meeting of District 10 was held in St. Joseph's Hospital, Port Arthur, with 26 nurses present. Dr. C. N. Laurie, Port Arthur, gave an interesting address on Infantile Paralysis. Arrangements were made for a Christmas bazaar. Two hundred dollars was voted for the International Congress of Nurses Fund. Following a musical programme a social hour was spent.

Miss Martha Racey (McKellar Hospital, 1928), is taking the course for nurse instructors at McGill University.

Miss Blanche Montpelier (McKellar Hospital, 1918), is taking a course in anaesthesia at Grace Hospital, Detroit.

Sister Frances, instructor of nurses at St. Joseph's Hospital, is taking the course for nurse instructors at the University of Toronto.

#### QUEBEC

**GENERAL HOSPITAL, MONTREAL:** Miss Dorothy McRae (1927), fills the position of instructor at Medicine Hat General Hospital, Medicine Hat, Alta.

Misses Patricia Kenahan, Sadie McIsaac and Kathryn Brady (1927), are engaged on the staff of a hospital at New Rochelle, N.Y.

Misses Dorothy Brewster and Carrie Forbes (1927), have taken positions in the office of H. M. Little, M.D.

Several of the staff nurses of M.G.H. are taking part courses at McGill University this year.

Miss Ina Currie (1924), has resigned her position at Iroquois Falls, Ont., and is now doing private nursing in Montreal.

Misses Jean Van Vliet and Gertrude Cook (1922), and Flora Maroni (1927), visited Europe during the past summer.

Misses Ethel Cook and Evelyn Elliott (1928), are engaged in institutional work at Saranac Lake, N.Y.

The sympathy of the members is extended to Misses Annie MacFie, Agnes Jamieson, and Grace Carter, in the loss of their mothers recently.

Miss M. M. Pharaoh and Grace Blacklock have gone to Iroquois Falls, Ont., as charge and assistant nurses of the General Hospital there.

The engagement is announced of Martha Agnes, daughter of the late John W. Harris and of Mrs. Harris, of Burks Falls, Ont., to William Dickson Sumner, son of Mr. and Mrs. Frank Sumner, of Montreal. The marriage to take place quietly in January.

Miss M. K. Holt, superintendent of nurses, M.G.H., succeeded Miss M. Hersey, superintendent of nurses, R.V.H., as president of the Association of Registered Nurses, of the Province of Quebec, when the latter became president of the Canadian Nurses Association.

Mrs. Thomas Dennison (nee Peggy McLeod), of Montreal, has gone with her husband, to reside in Detroit, Mich.

Misses Amy Des Brisay, Frances Reed, Caroline Barrett and Mabel K. Holt, attended the quarterly meeting of Quebec Provincial Association, at Three Rivers, P.Q., in October.

Miss Clark, Mrs. Kierstead, and Miss Mary Mathewson, are each taking a course at McGill University in Training School Administration, Teaching in Schools of Nursing, and Public Health, respectively, besides four others already reported, who were awarded scholarships.

Miss Elizabeth Ross, M.A., R.R.C., has resigned as superintendent of Olean General Hospital, Olean, N.Y., to accept a position as director of nurses at the Graduate Hospital, University of Pennsylvania, Philadelphia, Penn.

M.G.H. nurses taken on staff of Women's General Hospital, Montreal, are: Misses Christena Denovan (1920), night superintendent, Helen Haselton (1927), ward supervisor, Mary Haister (1928), ward supervisor, Sadie Hicks (1928), charge of O.D. Dept., and Dorothy Coffrin (1928), general ward duty.

Dr. L. Rea, of the Pathological Dept. of M.G.H., gave a very interesting address on Carriage of Infection, at the October meeting of M.G.H.A.A., at the nurses residence. The November meeting took the form of a social evening.

Changes at M.G.H.: Misses Margaret Willis (1918), has joined the night staff of supervisors, Elizabeth Robertson (1923), a recent graduate of McGill University, has returned to the O.D. staff, Inez Welling (1923), charge of C and D floor, Edythe Ward (1923), supervisor of wards, Annie E. Cromwell (1925), charge of Ward L, Juana McCosh (1926), charge of Ward K, Martha MacDonald (1927), charge of Ward O, Louise Shepherd (1928), assistant superintendent's office, and Jessie Allport (1928), on the staff of S.O.R.

ROYAL VICTORIA HOSPITAL, MONTREAL: Miss Claire Brigham, Miss C. Greene, and Miss Morgan (1928), have received staff appointments, Miss Brigham to Ross Operating Room; Miss Greene, 4th floor, Ross Pavilion, and Miss Morgan, Surgical Ward G.

Miss Helen Baynes (1902), is visiting in Vancouver and California.

Miss Hazel Macdonald and Miss Elizabeth Rogers (1927), are on the staff of the Women's Clinic, Royal Victoria Hospital.

WESTERN HOSPITAL, MONTREAL: The Alumnae Association this year offered a scholarship of five hundred dollars to a graduate of the Western Hospital, to permit her to attend the School for Graduate Nurses, McGill University. Vernie Kerr made application and has been awarded the scholarship. At the November meeting a letter of acknowledgement and thanks from Miss Kerr was read, in which she stated that she had decided to take the course in administration in schools of nursing.

At the October meeting Miss Marion Nash read a very interesting report of the C.N.A. biennial meeting at Winnipeg.

Miss Bertha Birch spent the month of November at her home in Chatham, Ontario, convalescing after an appendectomy.

Miss Ruth Leavitt and Miss Kathleen Cunningham have gone to Rochelle Centre, Long Island, N.Y., where they will engage in private duty nursing.

Miss Elsie Brain has returned to Montreal from her home in Newfoundland. She will engage in private duty nursing.

Miss Mabel Robinson visited in Montreal in October.

Miss Margaret McCallum has accepted a position on the staff of the X-Ray department of the Ottawa Civic Hospital.

JEFFERY HALE'S HOSPITAL, QUEBEC: At the annual meeting of the Jeffery Hale's Hospital Nurses Alumnae Association, Miss E. Armour, of the Class of 1921, was elected president.

The members of the Alumnae Association of the Jeffery Hale's Hospital offer their deepest sympathy to Mrs. Shreves in the death of her father, Mr. Frank Glass, of Quebec City.

The Alumnae is very pleased to hear that Miss F. L. Imrie has recovered from a recent operation, and is again on duty.

### VICTORIAN ORDER OF NURSES

Miss Marcelle Smith (Victoria Hospital, London), has been transferred from Brampton to Burnaby, B.C., of which district she will have charge. Miss Edna Clarke (Brantford General Hospital), takes Miss Smith's place in Brampton.

Miss Mabel Johnston (North Bay Hospital), has been granted leave of absence from Cobalt, during which time her place will be taken by Viola McFaul (Hamilton General Hospital.)

Miss Lillian Wixon (Grace Hospital, Toronto), has been transferred from the London staff to Hamilton.

Miss Aileen McKinnon (Women's College, Toronto) has been appointed to the staff in Hamilton.

Miss Grace Versey (Cook County Hospital, Chicago) has been appointed to the staff in London.



Miss Ellen Linton, of North Bay, has been granted three months leave of absence.

Miss Bessie Sweeny (St. Luke's Hospital, Ottawa) replaces Miss A. Labelle in Pembroke. Miss Labelle has accepted a position in the operating room of the Ottawa General Hospital.

Miss Martha Twiddy (Moose Jaw General Hospital) has been transferred to take charge of the new district of Oliver, B.C. Miss Catherine Haslam replaces Miss Twiddy in Trenton.

Miss Anne Goshko has been employed temporarily as the second nurse in Saskatoon, Sask.

Miss Aileen Leduc (Notre Dame Hospital) has been appointed to the staff at Lachine, P.Q.

The nurses who are at present taking the short intensive course offered by the Victorian Order at two of their centres, Halifax and Montreal, are: Montreal—Misses Margaret Clements (Ontario Hospital), Mary Cochrane (Rockwood Hospital), Dorothy Driffeld (Montreal General Hospital), Derinda Ellis (Children's Memorial Hospital), Grace Whiesiel (Ottawa Civic Hospital); Halifax—Misses Ellen Hivey (Yarmouth Hospital), Dora Ashkins (Jersey City Hospital), Faye Saunders (Anna Jacques Hospital), Amy Holden (Victoria General Hospital).

### BIRTHS, MARRIAGES AND DEATHS

#### BIRTHS

**BRESSEE**—On January 28th, 1928, at Delta, to Mr. and Mrs. Wm. Breesee (Ethel K. Brown, Kingston General Hospital, 1922), a daughter (Phyllis Evelyn).

**CHOWN**—On April 25th, 1928, at Renfrew, to Mr. and Mrs. S. Murray Chown (Laura Durbnow, Kingston General Hospital, 1921), a son (William Edwin Stanley).

**CLELAND**—At Oregon City, Oregon, October 17th, to Dr. and Mrs. John Cleland (Beatrice Eastmure, Royal Victoria Hospital, 1925), a son.

**ERICKSON**—On October 21st, 1928, at Haileybury, Ont., to Mr. and Mrs. Carl Erickson (Belle G. Taylor, Grace Hospital, Toronto, 1922), a daughter (Nancy Helen).

**GODWIN**—On July 22nd, 1928, at Kingston, to Mr. and Mrs. Wm. Godwin (Dorothy Garner, Kingston General Hospital, 1925), a daughter.

**GRAHAM**—To Dr. and Mrs. Wilfred Graham (Agnes Irwin, Hospital for Sick Children, Toronto, 1918), July 25, at Vancouver, B.C., a son (Duncan Lamont).

**JENSEN**—On September 24th, 1928, at Ilorin, Nigeria, to Mr. and Mrs. C. P. Jensen (Ina Mather, Hamilton General Hospital, 1918), a daughter.

**McLEOD**—To Mr. and Mrs. Peter McLeod, of Eylehart (Zetta Pratt, Hospital for Sick Children, Toronto, 1923), in June, a son.

**McNAB**—At Montreal, October 18th, 1928, to Mr. and Mrs. S. D. McNab (Brenda Eaton, Royal Victoria Hospital, 1913), a son.

**MINGIE**—At Montreal, November 3rd, 1928, to Dr. and Mrs. Walter Mingie (Olive Potter, Royal Victoria Hospital, 1919), a daughter.

**MURRAY**—At Montreal, November 2nd, 1928, to Mr. and Mrs. Murray (Claire Mitchell, Royal Victoria Hospital, 1924), a son.

**O'BRIEN**—At Montreal, October 28th, 1928, to Mr. and Mrs. E. O'Brien (Carrie Lucas, Royal Victoria Hospital, 1918), a daughter.

**PLEWES**—At Brantford on October 6th, 1928, to Dr. and Mrs. Franklin Plewes (Annie Bishop, Hamilton General Hospital, 1927), a daughter.

**RAYMOND**—On August 1st, 1928, to Mr. and Mrs. Gladsome Raymond (Mary Shuttleworth, Hospital for Sick Children, Toronto, 1924), a son.

**SMITH**—On October 17th, 1928, at North Battleford, Sask., to Mr. and Mrs. A. W. Smith (Robena Turnbull, Saskatoon City Hospital, 1924), a daughter (Eleanor Hope).

**WINDLE**—Recently at Holy Cross Hospital, Calgary, to Mr. and Mrs. Michael Windle, Okotoks (Susan Bella, Holy Cross Hospital, Calgary), a son.

#### MARRIAGES

**BARLOW—HULEK**—At Hamilton on October 27th, 1928, Eva E. Hulek (Hamilton General Hospital, 1924), to Norman Barlow, of Hamilton.

**BENNETT—PENMAN**—On June 16th, 1928, at Kingston, Claire Ellen Penman (Kingston General Hospital, 1925), to Dr. Clifford Wesley Bennett.

**BOSWELL—SMITH**—On September 1st, 1928, at Cataragui, Phoebe L. Smith (Kingston General Hospital, 1928), to Edward Boswell.

**BROWN—ROBINSON**—At Toronto, on September 17th, 1928, Constance Louise Robinson (Grace Hospital, Toronto, 1928), to Edward Brown of Port Hope, Ont.

**BULL—WALLACE**—Recently, at Fort William; Wilma Wallace (McKellar Hospital, 1927), to Dr. R. C. Bull. At home, Fort William.

**CAINE—FEENEY**—In July in Montreal, Marie Feeney (Montreal General Hospital, 1925), to Murray Caine, of Chicoutimi, P.Q.

- CHADWICK—AMBLER — On Thursday, September 20th, Elizabeth Ambler (Hospital for Sick Children, Toronto, 1922), to Edward Chadwick, of Toronto.
- CLARK—McMONAGLE—On June 8th, 1928, at Trenton, Miranda McMonagle (Kingston General Hospital, 1925), to Dr. Alexander Clark.
- DEVERALL—SQUIRES — On October 26th, at Toronto, Dona Elizabeth Squires (Toronto Western Hospital, 1919), to Captain E. V. Deverall, Toronto.
- ENRIGHT—WARD — On October 24th, 1928, at Saint John, N.B., Gertrude Ward (Saint John Infirmary, 1924), to Thomas Enright, of Saint John.
- FARMER—CAMPBELL—In September, 1928, Margaret Campbell (Ottawa Civic Hospital, 1926), to Evans Farmer.
- GIBSON—KELUSKY—On September 11, 1928, at Bancroft, Vereen Vivian Kelusky (Kingston General Hospital, 1927), to Dr. Sterling Gibson.
- GILLIES—DOBBIE—In July, at Lachute, P.Q., Margaret Grace Dobbie (Montreal General Hospital, 1925), to Dr. James N. Gillies.
- GOLDRING—TAYLOR — On October 20th, Florence Taylor (Hospital for Sick Children, Toronto, 1921), to Rev. A. J. Goldring. At home, Lindsay, Ont.
- GRANT—WITHENSHAW — Recently, at Fort William, Hilda Withenshaw (McKellar Hospital, 1926), to Roy Grant. At home, Fort William.
- HAMEL—MARRIOT—On September 1st, 1928, Gladys Marriot (Kitchener-Waterloo Hospital, 1923), to Emmanuel Hamel.
- HUMPHRIES—DENNISON — On Saturday, October 13th, Mayme Dennison (Hospital for Sick Children, Toronto), to Harold Humphries, of Carleton Place, Ont.
- LAPP—NICHOLLS — On October 4th, 1928, at Uxbridge, Kathleen Nicholls (Kingston General Hospital, 1920), to Philip Lapp.
- LOCKWOOD—MOTTO—On October 11th, 1928, Jean Kathleen Motto (Winnipeg General Hospital, 1926), to Wallace Lockwood. At home, Chaplin, Sask.
- LOCKETT—WESLEY — On July 10th, 1928, at Brockville, Isa Wesley (Kingston General Hospital, 1927), to Edgar Lockett, B.A.
- McPHERSON—KELLY—At Calgary, October 31st, 1928, Gladys Kelly, R.N. (General Hospital, Calgary), to A. McPherson, of Calgary.
- MACKLIN—HILL—On July 6th, 1928, at Toronto, Ethel Agnes Hill (Grace Hospital, Toronto), to Frederick T. Macklin.
- MASSON—LYALL—At Rochester, Minn., U.S.A., on October 20th, 1928, Laura May Lyall (Grace Hospital, Toronto, 1924), to Dr. Duncan Morrison Masson, of Rochester, Minn.
- MILLER—POLLOCK — At Kincardine, Ont., September 22nd, 1928, Ruby Lillian Pollock (Kitchener-Waterloo Hospital, 1923), to Roy B. Miller.
- MOORE—CUMMINGS—On October 20th, 1928, at Brandon, Helen Cummings (Brandon General Hospital, 1919), to Harold Moore, Regina.
- MORRISON—MYLES — On July 19th, 1928, at Moncton, N.B., Grace Evelyn Myles to Roderick Morrison, of Everett, Mass.
- NEATE—STEWART—On September 12, 1928, at Howick, P.Q., Juliana Stewart (Montreal General Hospital, 1924), to Arthur Neate, of Montreal.
- PENTECOST—HENRY—At Toronto, on October 20th, 1928, Jean Isobel Henry (Grace Hospital, Toronto, 1927), to Dr. Reginald S. Pentecost. At home, 143 Inglewood Drive, Toronto.
- PETCH—BERLETT — At Kitchener on September 1st, 1928, Viola Berlett (Kitchener-Waterloo Hospital, 1925), to Russell Petch.
- PIERCE—JUDSON—In August, Doris Judson (Montreal General Hospital, 1927), to Dr. Harry Hammond Pierce.
- PTOLEMY—PANABAKER — At San Diego, California, September 1st, 1928, Anna Catherine Panabaker (Kitchener-Waterloo Hospital, 1922), to David Allan Ptolemy.
- ROUGHTON—AGNEW — On September 25th, 1928, at Winchester, Lillian Gardner Agnew (Kingston General Hospital, 1927), to Donald Rattray Roughton, B.Sc.
- SMITH—MOUNTEER—In June, 1928, at Kingston, Agnes Mounteer (Kingston General Hospital, 1927), to Charles Smith.
- STEWART—BARNES—On August 18th, 1928, at Montreal, Edna A. Barnes (Montreal General Hospital, 1922), to Donald L. Stewart.
- STEWART—KEMP—On October 20th, 1928, at Toronto, Laura Edna Kemp (Toronto Western Hospital, 1925), to Dr. Donald H. Stewart, of Hamilton, Ont.
- SULLIVAN—JARVIS — On June 29th, 1928, at New York, N.Y., Hilda May Jarvis (Kingston General Hospital, 1927), to Thomas J. Sullivan.
- WILSON—BARLOW—On September 1st, 1928, at Belleville, Bertha Irene Barlow (Kingston General Hospital, 1926), to Robert Foster Wilson.
- WILSON—CAVELL—On September 21st, 1928, at Toronto, Katherine M. Cavell (Toronto Western Hospital, 1922), to Harold Wilson, of Toronto.



DEATHS

CLARK—In October, at the Rectory, Kate Smith, graduate of Montreal General Hospital, wife of the Reverend Charles Clark, of Belleville, Ont.

HAY—At Jefferson Hospital, Jefferson, Iowa, April, 1928, Elizabeth Hay, of Grand Junction, Iowa (Winnipeg General Hospital, 1913).

MILLAR—On Thursday, September 27th, 1928, at Grace Hospital, Toronto, Mrs. Robert Millar (Ethel McLennon, Grace Hospital, Toronto, 1915).

WILLIAMSON—On October 21st, 1928, in New York, Janet Mary Williamson, R.N., M.M. (C.A.M.N.S.; Lady Stanley Institute, Ottawa, 1912).

**BRITISH COLUMBIA GRADUATE  
NURSES ASSOCIATION**

An examination for the Registration of Nurses in British Columbia will be held January 23rd, 24th and 25th, 1929, in Vancouver and Victoria Centres only.

Names of candidates must be in the office of the Registrar not later than December 23rd, 1928.

Full particulars and instructions may be obtained from

HELEN RANDAL, R.N., Registrar,  
125 Vancouver Block, Vancouver, B.C.

BOOKS RECEIVED

**Essentials of Medicine:** A text book of medicine for students beginning a medical course, for nurses, and for all others interested in the care of the sick. By Charles Phillips Emerson, M.D., and Nellie Gates Brown, R.N. Illustrated by the authors; 8th edition revised and reset. J. B. Lippincott Company, Philadelphia, London, and 201 Unity Bldg., Montreal, P.Q. Price \$3.50.

Frontier Nursing Service has positions for public health nurses who hold the certificate in midwifery of English, Scotch or Irish Central Midwives' Board. For particulars, address the Director, Mrs. Mary Breckinridge, Wendover, Leslie County, Kentucky.

*International Council of Nurses*

The Committee on Arrangements for the Congress 1929 has opened an office in the Royal Victoria Hospital, Montreal. Nurses who are planning to attend the Congress are requested to send their application for accommodation to the Committee at an early date. Members of the Canadian Nurses Association are reminded that by making early application they shall greatly aid the Committee which has to assume the responsibility for all arrangements in connection with the Congress in addition to making satisfactory plans for the housing of large numbers of guests.

Rooms have been secured in hotels, convents and boarding houses at

rates varying from \$1.00 to \$5.00 per day. The rates for rooms in the large hotels are as follows:

Single room .....	\$3.00—\$ 4.00
Single room, with bath.....	5.00— 7.00
Double room .....	5.00— 7.00
Double room, with bath.....	8.00— 10.00
Large room, 3 persons.....	7.50— 10.00
Large room, 4 persons.....	8.00— 12.00

Rates for bed and breakfast in convents are from \$1.25—\$1.50.

Rates in boarding houses vary according to location and accommodation offered.

On arrival in Montreal visitors are requested to report to Headquarters—The Montreal High School, University St., for room assignment.

# THE CANADIAN NURSE

## INDEX

Volume XXIV.

Year 1928

January.....Pages	1- 56	May.....Pages	225-280	September.....Pages	457-512
February....."	57-112	June....."	281-336	October....."	513-568
March....."	113-168	July....."	337-392	November....."	569-624
April....."	169-224	August....."	393-456	December....."	625-680

### BIOGRAPHICAL NOTES, ETC.:

Gage, Miss Nina D. (with photograph)	- - - - -	7
Harmer, Miss Bertha (with photograph)	- - - - -	463
Mannerheim, Baroness Sophie (obituary, with photograph)	- - - - -	136
Williamson, Nursing Sister Janet Mary, M.M. (obituary, with photograph)	- - - - -	643
Young, Miss Sarah E. (obituary, with photograph)	- - - - -	14

### BOOK REVIEWS:

202, 258, 353, 436, 496, 528

### DEPARTMENT OF NURSING EDUCATION:

Advantages and Disadvantages of Standardizing Technique	- - - - -	S. Lillian Clayton	191
Clinical Teaching of Nurses:			
I. In a Maternity Ward	- - - - -	Olga V. Lilly	645
II. In a Special Ward	- - - - -	Eileen Flanagan	647
III. In a Special Hospital	- - - - -	Catherine Robertson	648
Conference on University Courses in Nursing, Report of	- - - - -	Grace M. Fairley	141
Curriculum, The Building of a	- - - - -	Annie F. Lawrie	389
Development of Study Habits in the Student Group	- - - - -	Elsie Alder	644
Evaluation of Types of Examination Questions, with Discussion	- - - - -	(Frances L. Reed)	535
Industrial Nursing	- - - - -	(Olga V. Lilly)	538
Materia Medica, Teaching of, in Schools of Nursing	- - - - -	Dr. F. G. Pedley	306
Mental Nursing, Post Graduate Courses in	- - - - -	Annie F. Lawrie	248
Obstetrics, a Course in, for Student Nurses	- - - - -	Dr. C. A. Baragar	594
Organization of Community Interest in Nursing Education, from the standpoint of:			82
The Public	- - - - -	Marion Lindeburgh	464
The Hospital	- - - - -	C. E. Guillod	467
The Medical Profession	- - - - -	Dr. Lillian S. Chase	468
The Nursing Profession	- - - - -	M. Irene Hall	469
Provincial Sections (Reports, 1926-1928)	- - - - -		475
Round Tables, General Meeting, 1928 (Reports of)	- - - - -		472
Selection of Students for Schools of Nursing	- - - - -	Marion Durell	17
Teachers' Course, University of Toronto	- - - - -	E. Kathleen Russell	593
Technical Schools as a Preliminary to Hospital Training Schools	- - - - -	Mary H. O'Donoghue	359
University of Toronto	- - - - -		309
X-Ray and the Nurse	- - - - -	Dr. A. Stanley Kirkland	82

### DEPARTMENT OF PRIVATE DUTY NURSING:

Breast Feeding	- - - - -	Dr. Gordon Chown	32
Diabetic Diet in a Private Home	- - - - -	Helen Field	251
Group Nursing, { I. - - - - -	- - - - -	Dr. A. L. Lockwood	491
II. - - - - -	- - - - -	Theresa O'Rourke	494
Impetigo, Ringworm and Scabies, Points on the Treatment of	- - - - -	Dr. D. E. H. Cleveland	541
Problems of the Private Duty Nurse	- - - - -	Agnes Jamieson	196
Pulmonary Tuberculosis, Treatment of	- - - - -	Dr. L. C. Fallis	595
Radium	- - - - -	Dr. Eleanor Percival	143
Rosela Infantum, an Epidemic of	- - - - -	Dr. H. B. Cushing	86
Surgical Measures in the Treatment of Pulmonary Tuberculosis	- - - - -	Dr. L. C. Fallis	649

### DEPARTMENT OF PUBLIC HEALTH NURSING:

Advantages and Disadvantages of Standardizing Technique from the Viewpoint of the Public Health Nurse	- - - - -	Elizabeth L. Smellie	88
Borough Health Work in London, England	- - - - -	M. E. Misner	655
Canadian Public Health Association, 1928	- - - - -		602
Health Visitors in England	- - - - -	Dr. T. Eustace Hill	631
Mental Hygiene of Childhood, A Course in	- - - - -	E. A. Bott	600
Nurse as a Teacher of Infant Care, The: The Mother on the Maternity Ward	- - - - -	C. V. Barrett	479
Pre-Natal Work, The Necessity of	- - - - -	Margaret Duffield	199
Pre-Natal Work Should be, What	- - - - -	Ethel Greenwood	364
Problem Child and the School Nurse, The	- - - - -	Emma de V. Clark	28
Report of Chairman, Biennial Meeting, 1928	- - - - -	Elizabeth L. Smellie	486
Reports of Provincial Sections, 1926-1928	- - - - -		488
Rockefeller Foundation Fellowship, A	- - - - -	Mary E. Stevenson	253
School Health in London, England	- - - - -	M. E. Misner	653
School Nurse as a Social Agency in the Community, The	- - - - -	Charlotte Whitton	310
Supervision of Staff Nurses	- - - - -	Isabel S. Manson	598
Teaching Public Health to Groups of Mothers	- - - - -	Flora F. Stewart	546
The Big Sister at School	- - - - -	J. G. Stothard	485
The Mother and the Big Sister	- - - - -	Marjorie Baird	483
The Young Mother at Home	- - - - -	C. de N. Fraser	481
Travelling Fellowship, A	- - - - -	Ella J. Jamieson	200
Victorian Order of Nurses	- - - - -	Elizabeth L. Smellie	314
EDITORIALS:	- - - - -		6, 61, 123, 174, 236, 342

### ILLUSTRATIONS:

Gage, Miss Nina D. (photograph)	- - - - -	7
Harmer, Miss Bertha (photograph)	- - - - -	463
In a Hospital Garden	- - - - -	638
School of Hygiene, University of Toronto	- - - - -	356
Williamson, Nursing Sister Janet Mary, M.M. (photograph)	- - - - -	643
Young, Miss Sarah Edith (photograph)	- - - - -	14

### MISCELLANEOUS:

Adequate Housing of the Nursing Staff	- - - - -	Frances E. Welsh	176
Alberta Association of Registered Nurses—Historical	- - - - -	Eleanor McPhedran	639
Anaemia, The Treatment of	- - - - -		518
A Nurse's Jubilee	- - - - -		288



As an Ex-Governor Sees It	- - - - -	- - - - -	178
Borough Health Work in London, England	- - - - -	M. E. Mianer	656
Canada's Maternal Mortality	- - - - -	- - - - -	180
Canada's Tribute to Jenner	- - - - -	A. Edith Fenton	872
Canadian Conference on Social Work	- - - - -	Kathleen D. G. King	293
Canadian Nurses Association, Tentative Programme, 1928	- - - - -	- - - - -	291
Canadian Nurses Association, 14th General Meeting, (Report)	- - - - -	- - - - -	395
Canadian University and the Canadian School of Nursing, The	- - - - -	Edith Kathleen Russell	627
Causes of Maternal Mortality	- - - - -	Dorothy M. Hopkins	350
Clinical Teaching of Nurses:	- - - - -	- - - - -	-
I. In a Maternity Ward	- - - - -	Olga V. Lilly	645
II. In a Special Ward	- - - - -	Eileen Flanagan	647
III. In a Special Hospital	- - - - -	Catherine Robertson	648
Continuous Lavage	- - - - -	Eugenie M. Stuart	247
Contribution of the Volunteer to Nursing Service, The	- - - - -	Dr. H. R. Y. Reid	115
Cripples, The Treatment of	- - - - -	Janet Wolfe	171
Diabetic Diet in a Private Home	- - - - -	Helen Field	251
Dietitian, Responsibilities of the Hospital	- - - - -	R. Creslock	584
Deficiency Diseases of Children	- - - - -	Dr. Fred. A. Tisdall	515
Development of Study Habits in the Student Group	- - - - -	Elsie Alder	644
Erythema Nodosum	- - - - -	Dr. H. B. Cushing	286
Experimental Production of Calculi	- - - - -	- - - - -	358
Group Nursing	- - - - -	Dr. A. L. Lockwood	419
Harmer, Miss Bertha (Notes re)	- - - - -	- - - - -	463
Hastings Scholarships in Public Health, The	- - - - -	- - - - -	81
Health Education in Teachers' Training School	- - - - -	Marion Lindeburgh	59
Health Teaching in School Fetes	- - - - -	Annie G. Dove	534
Health Visitors in England	- - - - -	Dr. T. Eustace Hill	631
Hospital and the Community, The	- - - - -	Dr. Haven Emerson	339
Hospital Management	- - - - -	Sister M. Immaculata	78
Ideal Nurse, My	- - - - -	Louise Stegham	126
Ideal Nurse, The	- - - - -	- - - - -	531
Impressions of the International Reunion of Nurses in Rome	- - - - -	- - - - -	636
Inception and Development of:	- - - - -	- - - - -	-
Alberta Association of Registered Nurses	- - - - -	Eleanor McPhedran	639
British Columbia, Graduate Nurses Association of	- - - - -	K. W. Ellis	587
Manitoba Association of Graduate Nurses	- - - - -	Catherine de N. Fraser	131
Nova Scotia, Registered Nurses Association of	- - - - -	Catherine M. Graham	186
Ontario Graduate Nurses Association	- - - - -	Julia Stewart	64
Saskatchewan Registered Nurses Association	- - - - -	Ruby M. Simpson	298
Jenner, Canada's Tribute to	- - - - -	A. Edith Fenton	287
League of Nations, Social and Humanitarian Work of	- - - - -	Dame Rachel Crowdy	241
Liquid Diet	- - - - -	Sister Mary Elizabeth	532
Manitoba Association of Graduate Nurses (Historical)	- - - - -	C. de N. Fraser	131
Maternal Mortality	- - - - -	Dr. Ross Mitchell	459
Mental Hygiene and Nursing	- - - - -	Dr. A. T. Mathers	425
Microbe Hunters	- - - - -	Nora Bateson	283
Midwifery, Primitive	- - - - -	Mary Chadwick	3
Minot-Murphy Diet, The	- - - - -	Ivy Dorothy Layton	125
Money and Investments	- - - - -	John Bain	529
National Council of Nurses, Report of Annual Meeting, 1927	- - - - -	Eunice H. Dyke	15, 72
Nova Scotia Registered Nurses Association (Historical)	- - - - -	Catherine M. Graham	186
Nurse and Her Opportunities, The	- - - - -	Elizabeth L. Smellie	520
Nurses and Their Attitude towards Sex	- - - - -	Leslie Bell	524
Nurses—Here and There	- - - - -	John M. Gunn	345
Ontario, Registered Nurses Association of (History of)	- - - - -	Julia Stewart	64
Peking and China's Medical World	- - - - -	Kathryn Ross	579
Posture	- - - - -	Janet B. Wolfe	343
Primitive Midwifery	- - - - -	Mary Chadwick	3
Professional Development	- - - - -	Florence H. M. Emory	576
Provincial Health and Hospital Survey	- - - - -	- - - - -	305
Provincial Programme for Infant Care	- - - - -	Anna E. Wells	8, 72
Psychiatric Training for Student Nurses	- - - - -	Mary L. Jacobs	462
Public Health Nursing in West Sussex	- - - - -	Ruby E. Hamilton	239
Public Support of Nursing Services	- - - - -	Mabel Finch	431
Pulmonary Tuberculosis, The Treatment of	- - - - -	Dr. L. C. Fallis	595
Quebec—Gateway of the Dominion	- - - - -	- - - - -	583
Red Cross Work in New Brunswick	- - - - -	- - - - -	637
Responsibilities of the Hospital Dietitian	- - - - -	R. Creslock	584
Saskatchewan Registered Nurses Association (Historical)	- - - - -	Ruby M. Simpson	298
School Health in London, England	- - - - -	M. E. Mianer	653
School of Hygiene, University of Toronto	- - - - -	F. H. M. Emory	356
Surgical Measures in the Treatment of Pulmonary Tuberculosis	- - - - -	Dr. L. C. Fallis	649
Typhoid Fever, The Nursing of	- - - - -	Eileen C. Flanagan	571
Three Biographies	- - - - -	E. Kathleen Russell	227
Tradition in English Nursing	- - - - -	Ruth M. Hallows	420
Values in Public Health	- - - - -	Sir Arthur Newsholme	295
Vignettes from the History of Nursing	- - - - -	127, 182, 244, 301,	352
NEWS NOTES	- - - - -	35, 92, 146, 203, 259, 315, 369, 437, 497, 551, 603, 658	
OBITUARY:	- - - - -	- - - - -	-
Mannerheim, Baroness	- - - - -	- - - - -	136
Williamson, Nursing Sister Janet Mary, M.M.	- - - - -	- - - - -	643
Young, Sarah Edith	- - - - -	- - - - -	14
OFFICIAL DIRECTORY	- - - - -	46, 101, 157, 213, 269, 325, 381, 445, 501, 556, 611, 667	
REPORTS:	- - - - -	- - - - -	-
Biennial Meeting, C.N.A., 1928	- - - - -	- - - - -	-
Canadian Conference on Social Work	- - - - -	Kathleen D. G. King	293
Canadian Nurses Association, 1928	- - - - -	- - - - -	395
Chairman, Public Health Section	- - - - -	- - - - -	486
National Council of Women, Annual Meeting, 1928	- - - - -	Eunice H. Dyke	15
Provincial Sections, Nursing Education	- - - - -	- - - - -	475
Provincial Sections, Public Health	- - - - -	- - - - -	488
Round Tables, Nursing Education Section	- - - - -	- - - - -	472







